I do not intend to give you a long address, because it is apt to interfere with the other reports that come in. Miss Randal has a heavy report, and our Secretary also. The letters she has written during the year are numerous, and on many occasions she does not get the courtesy of an answer. I think we all owe Miss Gunn a very hearty vote of thanks for the three years' work she has given this Association. (Applause).

The reading of the Minutes we will have first, and Miss Gunn's report as Secretary, and the Treasurer's report. We know she has no work to do except go to the Bank and incidentally see the Bank Manager! She will give her report and tell us later on how she managed her books this year. She did it very well, I can tell you; I have had inside information.

The Minutes of the last meeting were read by Miss Gunn, Secretary, and were declared adopted as read.

The next will be the report by the Secretary, Miss Gunn:

SECRETARY'S REPORT, CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES, JUNE, 1917.

The last Annual Meeting of the Canadian National Association of Trained Nurses was held in Winnipeg on June 15th and 16th, 1916. The first executive meeting was held in Winnipeg on June 17th, 1916. The following committees were appointed:

Arrangements—Miss Phillips, Convener, to appoint her own committee of five members.

Publication—Miss Randal, Convener; Miss Johns, Secretary.

Eligibility—Membership: Miss Goodhue, Convener; Miss Gilroy, Miss Tolmie.

Programme—Miss Breeze, Convener, Vancouver; Miss Colvin, New Westminster; Miss Young, Montreal; Miss Jean Brown, Regina; Sister Wagner, Winnipeg.

Nominating—Miss Locke, Convener, to appoint her own committee.

War Committee—The same committee and officers were reappointed. The following members were added to the committee: Mrs. R. B. Brown, British Columbia; Mrs. Armstrong, Alberta; Mrs. Westman, Saskatchewan; Miss Gilroy, Manitoba; Miss Madden, Ontario; Miss Phillips, Montreal; the Acting President of the New Brunswick Graduate Nurses' Association and Nova Scotia Graduate Nurses' Association.

The President, Mrs. R. B. Brown, was appointed Convener of the committee to revise the Constitution and By-laws, and to incorporate the Association. Mrs. Brown was to appoint her own committee.

Mrs. Tilley was appointed Convener of Committee on the advisability of introducing midwives into Canada. Mrs. Tilley was to appoint her own committee.

The following committee was appointed to assume responsibility of transferring the "Canadian Nurse" magazine to Vancouver:

Toronto—Miss Locke, Convener; Miss Crosby, Miss Christie, Miss Gunn.

Vancouver—Mrs. Brown, Convener; Miss Randal, Miss Judge.

It was decided to ask each Province to appoint a special Canadian Nurse Committee, consisting of three members, one to secure subscriptions, one advertisements, and one articles for publication.

The work of the Association has been carried on entirely by correspondence, as the members of the council were too far apart to allow executive meetings to be held.

It was decided at the last annual meeting that this Association would apply for affiliation with the National Council of Women. The application was sent, and the association became affiliated as was suggested.

The work during the year has been largely connected with the "Canadian Nurse," which will be reported in detail later.

The work assigned to the different committees will be reported by them and need not be considered with this report.

It was seconded by Miss Kinder, of Toronto, that Miss Gunn's report be adopted.

On motion said report was declared adopted.

The Treasurer's report was read by Miss DesBrisay, and on motion was declared adopted.

TREASURER'S REPORT, 1916-1917

Receipts

Balance on hand	$ 461.21
Received in Fees	262.65
Received C. N. Fund	710.00
Discount allowed	.75
Interest	9.03
Total	$1,443.64

Expenditure

Purchase of C. N.	$ 500.00
Telegrams	12.92
Stationery	10.60
Pictures	2.50
Express	8.45
Publishers	476.60
Petty Cash	31.30
Returned	6.10
Typing	38.60
Cheque not honored	2.70
	$1,087.77
Balance in Bank	355.87
Total	$1,443.64

HELEN DesBRISAY,
Treasurer.

MRS. R. BRYCE BROWN: I might say that Miss DesBrisay and I were considerably worried during the year, as the Canadian National had to pay the bills for the "Canadian Nurse," and we had to pay the printing out of our treasury, so it made the "Canadian Nurse" just a little expensive at first. Of course, now the "Canadian Nurse" is carrying itself. Is there a seconder?

On motion the Treasurer's report was adopted.

COMMITTEE ON ARRANGEMENTS

MISS L. C. PHILLIPS: The only thing I can say is that the work so far is the entertainment you already have had. There is still more to come.

MRS. R. BRYCE BROWN: I think the entertainment provided by the Montrealers shows a tremendous amount of work on the part of the committee, and I know the amount of work that committee has had to do to entertain us as they have. I am sure we are very grateful for what we already have had, and, as Miss Phillips has said, there is more to follow.

PUBLICATION COMMITTEE.

MISS RANDAL: The only report I have to give on the Publication Committee, I consider will be chiefly taken up by the report of the "Canadian Nurse." In addition to that the Women's Page of the "Canadian Century" belongs to us, and first of all it was turned over to Miss Johns, and Miss Johns has turned it over to me. I still am in doubt as to what they want in there. I really did not see where the nurses' page was coming in, and I had not the time to spend on it. I move the adoption of the report.

MRS. R. BRYCE BROWN: I think when Miss Randal is in Toronto the next time she might see Mrs. MacIver and get an idea of what she really does want. Miss Gunn says she knows all about it. Would you like to hear from Miss Gunn?

MISS GUNN: I have heard a great deal from the "Woman's Century" Magazine. Mrs. MacIver is Editor in Toronto, and she is very anxious to have the Nursing Profession represented in the Magazine. They have been very anxious to have articles, and they have asked us—I think the first request came at Halifax three years ago, and since that time I have been spasmodically sending them articles for publication. Very few articles have been sent. Last year they revised the Executive of the magazine, and they were anxious to have every profession of women represented on the Executive Council, and they asked me if I would serve on the Executive Council, as I was Secretary of the National, resident in Toronto, and I said I would be very glad, if I could be of any assistance, and it had to be decided almost at once, so I accepted this office on the "Woman's Century." After I had accepted it I found it involved the purchase of shares in the magazine, and being a "good sport," I bought shares. I am at present a shareholder in the "Woman's Century" Magazine, therefore I want to boom it a little. I explained to them that I could not represent the nurses of Canada. If I went on I simply went on as a nurse, and I thought it would be better to have one nurse on the Council than perhaps to have some other member appointed who was not very familiar with nursing affairs to-day. They were anxious to have a nurse and they made up their minds to have a nurse, so I thought I might as well accept the appointment, and I think if we can arrange to give them material that it would probably prove a great benefit to the nurses and to ourselves. They are very much interested in nursing affairs, and in almost every province throughout Canada we are struggling for registration for nurses. I think that has been one trouble, that the nurses all through Canada have been keeping things too quiet. They do not believe in publicity; they do not like to get into the newspapers. Registration means absolutely nothing to the majority of the people, and until we educate them we will never get registration. I am convinced of that in Ontario. It seems to me when that magazine that is owned by the National Council of Women in Canada goes to the thinking women, the women who are interested in it and are the

thinking women of the community, and now that we have the vote I think the time has come for us to support a magazine of the women's professions in Canada for our own benefit, and I am sure if we had the National Council more interested in legislation for nurses we would be much nearer our goal than we are to-day. Therefore I would feel very badly to see the page dropped in the magazine. I think we would get much more in the way of publicity from the "Woman's Century" than the "Woman's Century" would get from us.

MRS. R. BRYCE BROWN: It is hard for anyone who is not in touch with what the nurses are representing to do this work, I am sure, and we are very grateful to the "Woman's Century" for choosing Miss Gunn, and we are glad to have her there, especially if she has five shares.

The next is a report of the Programme Committee. Miss Breeze, of Vancouver, is not here, but the programme speaks for itself. Miss Breeze had a great deal of difficulty in getting the programme ready. People said they would send her papers, but they would not send her the titles of the papers. However, as long as the programme is here in time for our meeting I suppose we have nothing to complain of.

REPORT OF SPECIAL COMMITTEES

The first is the "Canadian Nurse" Magazine, by Miss Randal.

I want you all to listen to Miss Randal's report and discuss it afterwards. I want you to remember that Miss Randal needs your help and your interest, and, if you do not take an interest in it, it is not going to help us very much for the next year.

REPORT OF "CANADIAN NURSE" MAGAZINE

In presenting this report, I am going to put things very plainly, even if they are not the pleasantest things in the world to hear. I feel that now we are in a position to face facts and realize just what owning this magazine has meant and will mean to every nurse. When in June, 1916, at the Convention in Winnipeg held by the C. N. A. it was decided to buy the magazine from its former owners, I am sure that very few of us really understood the situation or just what this purchase really meant. I for one, with many others, thought we were buying it from the Commercial Press, when in reality we were dealing with the "Canadian Nurse Editorial Board." If we had taken this in, I think we would not have worried over the price paid to the Commercial Press, but would have left that to the Board to arrange as they chose, and would have asked the Board more questions as to the matters to which I will refer.

When, in the end of August, I received the material sent on from Toronto, I found that indeed we were to make bricks without straw. No stationery of any kind; very little information as to advertisers, and none of any value as to the expiration of their contracts; mailing lists filled with names of subscribers who had not paid up or who were receiving free copies; no means of looking up subscribers' names except by going through the entire box of cards, where the names were only filed as to their Postoffice address; no books showing when advertisers had paid; advertisers' rates sent, proving to be much less when bills were sent to them than appeared on the list; and, worse than anything else, no plan made to pay us, or rather repay us, for the advertising matter in the September issue paid to the Commercial Press by those advertisers paying every quarter, or for the four months' advertising we had to give to those who had paid the previous owners in January, 1916, for a year in advance, to say nothing of the subscriptions for various lengths of time ranging from one to eleven months. The loss of one subscription may not seem very much, but, when put together, making, at a

very minimum estimate, some three hundred dollars. I wrote to the Post-office in Toronto to send on all mail to me, but, in spite of that, letters continued to come from would-be subscribers asking why they had heard nothing of money sent to Toronto for subscriptions. Due to my understanding that we were dealing with the Commercial Press, I wrote to them repeatedly asking for money that was due us, and very naturally they paid no attention to me, their sale having been made to the Editorial Board and not to the C. N. A. They continued to receive mail, open it and keep the money till they were ready to send it on to me, causing endless trouble and a very wrong impression to be given to would-be subscribers who got no reply to letters of receipt of magazine. After some time, in January, at one time alone over thirty-seven dollars was sent on to me with a list of names and letters going back to September.

The money due us from advertising, taking the four months that we had to carry those paying in advance for the year, and the month paid in the quarterly payment, would be, at a very conservative estimate, one hundred dollars.

We were then, in September, face to face with the problem of getting a complete set of stationery and of paying the printing of the September issue, with not a cent in the treasury. The bills for both September and October were met by the C. N. A. sending cheques for the sums needed for printing. In the meantime I was endeavoring to get a line on the advertising, and in November I was thankful to be able to pay from our own funds the monthly bill. The subscription list, when we got it, had 1300 names on it, but over one hundred of these were either for advertisers, agents, complimentary copies, or those sent in exchange for other magazines.

Expiry sheets were made out and mailed to all those whose names had been on the list and whose year had expired. This took many stamps and the result was most discouraging. Of course so many had gone to the Front, but somebody was receiving their magazines and not reporting change of address.

At this time the C. N. A., through the President, made an appeal through the magazine, and the Secretary wrote each Province to organize and see what could be done. Committees for subscriptions, advertising and sending of material to the "Nurse" were formed, and here let me say that, while some have worked most constantly and energetically to help, other Provinces have not show the interest we hoped to have by this appeal. However, the subscriptions continued to come in slowly, and many encouraging letters were received from all over Canada and the United States. I was most ignorant and felt a mere amateur at the work, and was most grateful for the help given me by those who had gone through much the same hard time in the United States getting nursing magazines on their feet. By Christmas time I had got the new filing system under way, and by the end of the year I hope to have it in such a shape that the work of looking up names for expiry notices, etc., will not be so difficult.

At this time we had a few more dollars in the bank than we actually needed to pay the printers, and Mrs. Brown said that, as that was the case, I should take a small sum of $15.00 every month to apply on my salary. This I have done since November, 1916, and $25.00 a month since April.

The Toronto Chapter of the G. N. A. of Ontario most unexpectedly sent me a cheque in April for one hundred and fifty dollars to be used for salary or at my discretion. As we seemed to be able to meet the printer's bill (which was my nightmare for the first few months), I took this money as salary of $50.00 for September, October and November, 1916.

Our mailing list now is 1800, but, of course, these are not by any means all paying subscribers. We have no office equipment, not even filing cases of the most simple nature, and have been using a typewriter which was loaned by a friend, who assured me that it was of the earliest type of typewriters, but has been a friend in need. A stenographer I have had to have for some extra work that I simply could not get in myself. The work which none of us understood is not so much the Editor's work, strictly speaking, but the business and clerical work, which takes up one person's entire time and attention. This is more the case now on account of lack of office equipment. I have been kept busy all the time doing nothing else but this work.

On sending letters of enquiry to other nursing journals, the great need for them, as for all magazines, is the increase of circulation, which in its turn gets more advertising. If we could only double our circulation, I am sure that the advertisers would come. Various ways have been suggested to me to do this, one is to make the subscription a part of every nurse's fee to her nursing organizations. Another to urge each Superintendent to get each

nurse on graduating to take the magazine for at least one year, the feeling being that nearly every one would renew. Whatever method we employ, may I say that some way must be devised. Our rates for advertising are very low, too low to make it the source of revenue it ought to be. Again, many feel that a really good magazine cannot be published at so cheap a subscription price as one dollar a year. These are all ideas which you must take into consideration during the discussion on this report. This year has been one of much work and worry over our financial condition, but we have gone through it, and it has brought to me as the Editor many happy memories. So many letters of appreciation, suggestions and practical evidences of wanting to help. Several nurses have added an extra dollar to their subscription, and Toronto and Quebec City Associations have made donations. We have had the satisfaction of carrying our journal through the very hardest kind of a time, when paper has been both scarce and expensive, and everything else correspondingly expensive.

We have made friends, and I feel that most of those who have become new subscribers since we took it over will not leave us. But more work remains to be done, and the Provinces and Associations that are not doing their share will, I hope, see their way clear to doing more, for it is not fair to leave this burden to a few.

I add to this the financial statement for the nine months, and, in conclusion, will say that at the end of this time as Editor, I am pleased to say that by the help of the Toronto Chapter of the G. N. A. of O., and the payment of the first two months' bill by the loan from the C. N. A., we have met all bills promptly, and just as I was leaving the President handed me the remainder of the money, giving me the fifty dollars a month that was settled as a start on a salary for the Editor. Our great need is a modern typewriter and office equipment. Our thanks are also due to the publishers, Messrs. Evans & Hastings, who have done all possible to help me in my amateurish attempts to manage and edit a magazine. To all of the nurses I can only say that it has been most interesting, and I have made many acquaintances through the mail. I really think we have done well to carry on the business as we have. We now should be able to work along on a business basis if each nurse in Canada subscribes, and if the Superintendents of training schools take the matter up with the graduating classes. I have enjoyed much about the work, and am so glad that the nurses now can have their own nursing journal.

Respectfully submitted,

HELEN RANDAL.

FINANCIAL REPORT FOR NINE MONTHS

Received	$2,014.52
Deposited	2,002.76
Printers' Account	1,353.75
Editor's salary	500.00
Stenographer	10.00
Refund for cash, Henry Dix & Co.	7.50
Petty cash for stamps, bank discount, customs, etc.	143.00
Bank balance	311.00
Printing and Office Stationery Expenses for September and October, 1916, (paid by C. N. A.)	486.00
Presented by Toronto Chapter G. N. A. O.	150.00
" " Jeffery Hale Hospital Alumnae	5.00
" " Individual Nurses	2.00
For Printing Report of C. N. A. Convention	50.00

MRS. R. BRYCE BROWN: I am sure you will all realize, after hearing Miss Randal's report, just the amount of work that has been done, and I want you to discuss this report and give Miss Randal any assistance you can. Before you do that I was wondering if this meeting would care to give this Association a proper office equipment, and give Miss Randal a proper typewriter.

MISS MATHESON: I move that the money received by Miss Randal yesterday be used to furnish the required office equipment.

Seconded by Mrs. Aubin and Mrs. Paffard.

MISS STANLEY: I don't think we are privileged to discuss any-

thing at the present, but I would like to make a motion, and I would like it to be carried without discussion if possible, and that is, to increase the rate of subscription to the "Canadian Nurse" to $2.00 instead of $1.00, and try to put it on a financial standing.

I think it is an insult to Miss Randal to be asked to put out a publication every month for $1.00 a year and pay the prevailing rates for paper, so I would like to make a motion that the rate be increased to $2.00.

It was regularly moved by Miss Stanley, seconded by Mrs. Armstrong, that this meeting resolve that the subscription to the "Canadian Nurse" be increased to $2.00 a year without discussion.

MRS. R. BRYCE BROWN: If you want discussion, it is your privilege to have it.

MISS STANLEY: It might be wise to have that motion amended to allow the members to discuss the subject.

MRS. PAFFARD: I would like to ask Miss Randal if she thinks, under the circumstances, it would affect the subscription list.

MISS RANDAL: I don't know.

MRS. PAFFARD: I would not like to have it affect the subscription list.

MISS RANDAL: Fifty subscribers at $2.00 are worth as much as 100 at $1.00, and it takes less paper.

MRS. PAFFARD: Two dollars a year might prevent a good many coming in. I would like to hear a discussion on that.

MRS. R. BRYCE BROWN: I don't think there is any other magazine in Canada published anywhere for $1.00 a year.

MRS. PAFFARD: It has been a hard struggle to keep it going and it is something we should keep going, and I think we should educate the nurses of Canada in that connection.

MRS. JOHNSON: I would like to suggest that we keep in view that the subscription list does mean something to us in the way of advertising. We have not got a large circulation.

MRS. R. BRYCE BROWN: Our circulation has come up considerably since we took it over.

MRS. AUBIN: I think it might be wiser for the first year to let those new subscribers have it at $1.00 a year. They are beginning to realize just what it means to them. For instance, one graduate nurse said to me this year: "Get me a Nursing magazine. I want something to tell me what is going on in the Nursing world." I said: "You will spend a dollar in the movies in no time." I had a letter from her just before I came here, and she said when her subscription expired she would gladly increase it if necessary.

MRS. R. BRYCE BROWN: Miss Stanley's motion did not mean that we increase it now, not until September. New subscribers coming in, or the renewals, will be $2.00, but there will be no increase now.

MRS. AUBIN: I don't think a dollar a year will begin to give us the worth of it.

MISS PHILLIPS: As far as the value of the magazine is concerned, I think it is worth $2.00 a year now, much more so than it ever was. From the standpoint of advertisements, we have tried to get advertisements, and the question as to the circulation does not mean much to us, but as far as the magazine is concerned I think it is well worth $2.00, and we ought to take into consideration the extra cost of material.

MISS STANLEY: I consider that this magazine now, judging from the report of Miss Randal, is practically working along the lines of a concern in bankruptcy, and I cannot see how we can expect to have any respect paid to that paper as long as we expect the Editor to take out portions of her salary to operate it. I think we should make some other provision, either by donations or in some other way, to bring it up to a higher standard.

MRS. R. BRYCE BROWN: You who are sitting here today have no idea of what it meant last year. We did not know when we paid our bill the first month whether we were going to have one cent or three or four hundred dollars. Miss Des Brisay knows. I did not know whether she had money in the bank to pay it, and when she finally wrote me she said: "We have just $80.00." We had $80.00 in the National to carry us over the month. We said: "If we have the money we will pay it, and we will pay what we have anyway and we will not ask for further publication. We did not give the printer any other promise; we only gave them our word and they trusted us, and if we could not afford to pay we would not ask them to publish." Miss Randal came to me several times about it, and I said: "What are you worrying about? Your business is to get out the magazine." I knew Toronto would help us. Toronto eventually sent us a donation which helped a great deal with the salary.

Now we have heard from Toronto; we have heard from London. We have not heard from anybody in the West about what they think of getting $2.00 a year for the magazine.

MRS. VAN VALKENBURG: I am quite sure that in Saskatchewan we could raise the price to $2.00.

MRS. R. BRYCE BROWN: We all know that Miss Stanley's motion is right, and we are all in favor of it, but we want to know what you think about getting subscriptions at that price.

MISS ARMSTRONG: So far as I have been able to reach nurses in Alberta, I have been trying to get subscriptions for the "Canadian Nurse," because so many of our nurses take the "American Journal of Nursing," and when I brought the matter before them they were all willing to pay $1.50. They thought $1.00 was not enough for a magazine, because, as I pointed out, here it was impossible to run any good magazine at that price.

MISS RANDAL: I think there are more willing to give $2.00 than $1.50.

MISS STANLEY: I do think Toronto has been very, very generous, and I am very proud of Toronto, because they have given generously in the way of money to this magazine. I would like to know just where that magazine would have been if Toronto had not come forward in giving that money. Let us put that magazine where it belongs and each of us support that magazine. I know I for one do not want to feel that Toronto is obliged to support it.

MISS MADDEN: It seems to me the question is one as to which will make the most revenue for the magazine, an increase in subscription or a larger advertising, and I think advertising is easier obtained if the circulation is larger. If we had, say, fifty subscribers at $2.00, and if we had a revenue of $200.00 a year, and if we are able to add $500.00 in advertising, it would pay us very much better. I think the magazine is worth $2.00 a year and I would be glad to pay it, and I hope that in the future we will be all agreed to pay that, but I think at the same time the circulation is what we are after.

MRS. R. BRYCE BROWN: Miss Madden is just trying to bring before us the question of increasing our circulation. I am going to ask Miss Gunn to tell us what she thinks about it.

MISS GUNN: I don't know any more than a great many here. I have been collecting advertisements and also subscriptions, and I don't think the advertising we would get with the additional subscribers would amount to much anyway. I think almost any nurse who wants the magazine is willing to pay $2.00, and, in asking nurses to take the magazine, the subscription price in my experience has not been discussed very much. They simply say, "What is the price?" When told "$1.00 a year," they pay the dollar. I think 75% of the nurses would pay it without question, and, in collecting the advertisements, I have gotten a few, and we have a committee in Toronto that is pretty active in collecting advertisements. The question of advertising, of course, is a business proposition, and another point that has to be taken into consideration and which we found to be a drawback in getting advertisements, is that firms are not willing to advertise in journals that go only to nurses. Our subscriptions are limited practically to nurses, and unless they have some article they want to sell to nurses they will not advertise in the magazine, so our advertising is limited to firms who are dealing in the thing in which nurses are interested, and I think the number of advertisements we would get, even if we had 500 more subscribers, would not be greatly increased, because the advertisers talk in thousands while we talk in hundreds. A subscription list of 1800 to an advertiser is nothing at all. I don't know what the subscription lists of the daily papers are, but they are away up in the hundreds of thousands. They do not talk of subscriptions in terms of hundreds. I think the number of nurses we would lose by having a $2.00 rate is not worth considering.

MISS JOHNS: Would it not be possible to have a committee appointed to place this financial burden where it belongs and assess them on a pro rata basis?

MRS. R. BRYCE BROWN: We will have to do something like that. Miss Gunn has a report from all the associations on that. In the meantime there is a motion still before the house, and I will ask Miss Gunn to read it.

The motion of Miss Stanley was read to the meeting.

MISS GUNN: I sent a letter to the affiliated associations, at the suggestion of the President, to find out in what way they could respond in shouldering this financial burden. We were thinking more of the Editor's salary than anything else, because it all goes to the same end anyway. If the money is in the treasury, the Editor, of course, will be paid. The suggestion we sent out was to tax each member of all affiliated associations twenty-five cents a year for this coming year, and to have each association assume the responsibility of collecting that sum from every member and sending it in to the Treasurer of the "Canadian Nurse." I wrote to all the associations affiliated with the National. I read them this morning, so that you have a pretty good idea of what associations are affiliated.

The following associations are very much in accord with the suggestion and are very anxious to do their share:

REPORT FROM ORGANIZATIONS CONCERNING SALARY FOR "CANADIAN NURSE" EDITOR

Circular Letter Sent Out—Remarks:

Grace Hospital Alumnae Association, Toronto—Approved.

General and Marine Hospital Alumnae Association, Collingwood, Ontario—Approved.

General and Marine Hospital Alumnae Association, St. Catherines, Ontario—Approved.

Kingston General Hospital Alumnae Association, Kingston, Ontario—Approved.

Royal Victoria Hospital Alumnae Association, Montreal, Quebec—Approved.

Toronto General Hospital Alumnae Association, Toronto, Ontario—Approved.

Vancouver General Hospital Alumnae Association, Vancouver, B. C.—Approved.

Victoria Hospital Alumnae Association, London, Ontario—Approved.

New Brunswick Association of Graduate Nurses, St. John, New Brunswick—Approved.

Saskatchewan Graduate Nurses' Association—Approved.

Western Hospital Alumnae Association, Toronto—Suggest raising magazine to $1.25 a year.

Graduate Nurses' Association of Nova Scotia—Suggest raising magazine to $1.50 a year.

Graduate Nurses' Association of British Columbia—Suggest paying $2.00 monthly toward such a fund.

Victoria Nurses' Club, Victoria, B. C.—Suggest paying $2.00 monthly toward such a fund.

Vancouver Graduate Nurses' Association—Suggest paying $2.00 monthly toward such a fund.

Nicholl's Hospital Alumnae Association, Peterboro, Ontario—So few members, do not approve.

The Canadian Society of Superintendents of Training Schools for Nurses—Do not approve of taxing individual members—will decide in Montreal.

Manitoba Association of Graduate Nurses—Wish to know cost of printing, etc., in order to assist in a more intelligent manner.

I might say some of these not only suggested their willingness to approve, but they thought the plan was already settled and sent a cheque.

The Kingston General Hospital, Royal Victoria Hospital Alumnae, and the Western Hospital Alumnae Association of Toronto were willing to do anything that was decided at this meeting. They were willing to take their share of the burden and do whatever was suggested. They also suggested raising the price of the magazine. The Canadian Nurses' Association also suggested raising the price of the magazine. The Graduate Nurses' Association of Nova Scotia suggested raising the subscription price. The Graduate Nurses' Association of British Columbia, in a meeting of their Association during the winter—they saw the rocks ahead and they wrote that if we, the National Executive, thought it possible to ask every affiliated Association to pay for the coming year $2.00 a month it would mean $24.00 a year, and the suggestion did not seem very satisfactory, in so far as some of our organizations have very few members. We have one organization with about twenty members; we have some with thirty members; we have some with over three hundred members, and it did not seem a very fair basis of taxation to ask an Association of twenty members to pay $24.00 a year, which was over a dollar a member, and at the same time to ask an Association of three hundred members to pay $24.00 a year, so that plan did not seem very practicable. The Graduate Nurses of Victoria and the Vancouver Nurses' Association suggest paying $2.00 a month towards the fund. While it might be acceptable to those organizations, that difficulty arises with the smaller ones. The Nicholls Hospital Association at Peterborough have a very small organization, and nearly all their members are overseas or have left temporarily, and they are willing to do their share, but they don't feel they can do it. The Canadian Society of Training Schools for Nurses did not approve of taxing individual members. They will discuss that question; I don't know that it has been taken up as yet. The Manitoba Association of Graduate Nurses wishes to know the cost of printing and the financial standing of the magazine in order to assist in an intelligent manner. They did not wish to commit themselves to any suggested plan or to approve of any plan. The Graduate Nurses' Association of Ontario is a little different from some other organizations in that they have affiliated societies. The Alumnae Association is associated. There are three associations heard from which really need not be considered. I think the Graduate Nurses of Ontario approve of the plan very heartily, with the exception of three of the small Alumnae Associations, and I think their difficulty is on account of lack of members.

That is the report I have to submit on this plan that was suggested to the different Associations. Every Association that answered is willing to help, and it is just a question of deciding on the means, I think.

MISS LAIDLAW: I think we did not get our report because our

Corresponding Secretary has been ill. They asked for twenty-five cents from each member, and we decided to send a $25.00 cheque, as we have eighty-seven members.

MRS. R. BRYCE BROWN: Are there any here who have not answered this letter, who know anything about it?

MISS EADIE: We had collected twenty-five cents from each member.

MISS EWING: Of course, we are not an affiliated organization. We have granted $100.00 a year.

MRS. R. BRYCE BROWN: What is your pleasure with this motion and amendment to increase our subscription to $2.00 a year?

Miss Gunn takes this point, that we collect this money now for this year; that sets us on our feet, and Miss Stanley's motion does not go into effect until next year, which means that will put us on our feet for good. That twenty-five cents is going to start us with a little money in the bank, which we very badly need, so I don't want you to think we don't need this twenty-five cents, because we do, very badly, but I think Miss Stanley's motion for the next year is the dignified thing to do. I think the dignified thing to do is to have our magazine at a proper rate. Miss Gunn says it makes very little difference to the advertiser, and my experience has been that the advertisements we get are through entirely personal influence. Are you ready for the question? Those in favor please stand up.

A standing vote was taken and the motion was carried unanimously.

Now are you ready to adopt Miss Gunn's report?

MISS MADDEN: Hamilton did not take any canvass. The Alumnae simply voted the money out of their funds.

MISS PHILLIPS: The difficulty about that twenty-five cents is that the Association I represent, our Executive Committee, went into the matter very carefully and they could not see how they could collect twenty-five cents. We have a membership of over two hundred and a good many of them are overseas. We tried in our clubhouse to get shareholders. I said: "You spend one stamp writing to them, and another stamp, and they won't answer, and it has happened in a good many cases that the burden would all fall on a few."

MRS. R. BRYCE BROWN: I am not trying to force this; at the same time we have to do something. You bought the "Canadian Nurse," not your officers, and it has to be supported and Miss Randal has to be paid. We cannot expect to have a magazine and sacrifice any one woman for that magazine. She has to have a living salary. When you start to think of the time that Miss Randal gave last fall, and she did not think, neither did I, that she was going to get any salary at all, you would realize the amount of work she expended on this. She thought she was giving one year of her time for the magazine. All we are asking of you is to pledge her a living salary, which is to be done by this means. If you can think of any better way than that twenty-five cents I want to

hear about it. Miss Gunn has written to every Association. She has had suggestions from all of them. If the Association feels they cannot get it from their membership they should raise it in some other way. This is our responsibility, and I want, before this new Executive comes in, to have them feel they are not going to be handicapped as we were last year. Is there any other suggestion?

MISS STANLEY: I was thinking perhaps a definite sum might be mentioned to the Association and $1200.00 should be voted for Miss Randal's salary. I don't think you could expect Miss Randal or anyone to work at a less salary. The Institutional Nurses make more than that, and I cannot see why we should have the Chief Educator try to live on pickings from public funds.

MRS. R. BRYCE BROWN: Miss Randal gives us office room for nothing in her house, and she pays her own telephone, all out of the handsome salary of $50.00 which she has been getting this last year, and most of the time she has been paying it without any salary. We have to get on our feet; we have to have a little money in the bank, so that that awful, sickening feeling when the bills come in will no longer be experienced. Imagine receiving a bill for $300.00 for printing and you don't know whether it is going to be paid or not. It is terrible. I want to know if any of you know of any better way of raising that than by the twenty-five-cent plan.

MISS RANDAL: I had a letter just a short time ago from some advertising agent and they said: "Does your magazine interest the Hospital Trustees or is it only the nurses?" Because, they said, they could place advertisements many times if they felt our journal reached the Trustees and the Hospital Board.

MISS GUNN: In giving this report I omitted to move the adoption of the report. I beg to move the adoption of the report now.

The motion was seconded by Miss Madden, and on a vote being taken was declared carried.

MISS JOHNS: It is a matter of principle, not a question of the twenty-five cents.

MRS. BLIGH: As a delegate from Nova Scotia Graduate, I have been instructed not to pledge our Association until after the annual meeting in September.

MRS. R. BRYCE BROWN: The next is "The Public Health Committee," by Miss Dyke. I wish you would all carefully listen to Miss Dyke.

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES

JUNE, 1917.

The Committee on Public Health Nursing is composed of the Convener, appointed by the Executive of the Canadian National Association of Trained Nurses, and of one member from each Province, appointed by the Provincial Executive. The members of the committee presenting this year's report are as follows:

Convener, Miss E. H. Dyke; British Columbia, Miss Elizabeth G. Breeze; Alberta, no representative; Saskatchewan, Mrs. E. M. Feeny; Manitoba, Miss

Maude Wonnacott; Ontario, Miss Ella J. Jamieson; Quebec, Miss Anna Hay Browne (appointed by Montreal); New Brunswick, no representative; Nova Scotia, Miss E. M. Pemberton; Prince Edward Island, no representative.

The fact that each Provincial Executive appoints one of its members to represent it on the Public Health Committee should prevent the isolation of the Public Health group from the parent organization.

Public Health Nursing is made possible by the splendid ideals of service developed in the schools for nurses, and is drawing upon the pioneer spirit of the nursing profession in order to meet new situations calling for courage and initiative. While the graduate nurse may leave her school with ideals of service and a degree of nursing knowledge, she is not fully equipped for her new work as a Public Health Nurse. The committee understands, therefore, that it has been given the task of interpreting the needs of the Public Health Nurses to the parent organization.

In order that recommendations presented to this annual meeting might be formulated by a committee which possessed definite knowledge of conditions in each Province, the following questionnaire was made available for distribution in each Province. These forms were made use of by British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, and Nova Scotia.

Dear .....

Our Provincial Executive has appointed me to represent the Public Health Nurses of ..... on the Standing Committee on Public Health Nursing for the Canadian National Association. My duty is to compile a list of the organizations of nurses or individual nurses carrying on any form of nursing which emphasizes preventive work and can therefore be described as health nursing.

The enclosed questionnaire is merely a suggestion. If you can give me a fuller, more personal, report, it will be helpful. The reports of unorganized beginnings of Public Health Nursing and the experiments which may have resulted in failure, are of more value to the committee than reports of highly organized work.

We hope to include reports from all Public Health Nurses in the Province, and it is difficult to secure the addresses. You can help by sending me the names of nurses you think should be communicated with.

Sincerely yours,

_____

Representative for Province of.....
Committee on Public Health Nursing.

COMMITTEE ON PUBLIC HEALTH NURSING
CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES,
1916-1917.

QUESTIONNAIRE.

Date.....

Name of organization or individual .....
Number of nurses .....
Salary .....
How maintained .....
History of beginning of work .....
Character of present work .....
Suggestions for work of committee .....

Signature.....

No effort has been made to secure information except through the Provincial organizations, as it was felt that their responsibility for nursing standards should be recognized in this branch of nursing as well as in all others. Unfortunately, however, the returns received from these sources are so incomplete that the committee is not in a position to draw conclusions in regard to the number or variety of Public Health Nurses employed in Canada, or in regard to the standard of nursing required by the organizations employing them.

The number of replies received by each Provincial representative, with the number of nurses recorded, is as follows:

Province.	Replies.	Nurses Recorded.
British Columbia	8	31
Saskatchewan	8	10
Manitoba	5	36
Ontario	41	127
Quebec	7	76
Nova Scotia	5	12

Ontario sent out letters and questionnaires not only to all nurses known to be engaged in Public Health work, but also to the local officers of health and to the Women's Institutes. The letters to the officers of health were sent through the co-operation of Dr. J. W. S. McCullough, enclosed in the Annual Report of the Provincial Department of Health. The names of the Secretaries of the Women's Institutes were secured from Mr. Putnam, director of the Women's Institute Branch of the Department of Agriculture. The total number of letters and questionnaires sent out by the Ontario member of the committee was 912, and the number of replies which she received was 41. These letters were sent with the purpose of stimulating thought and with no hope of tangible result. The replies received from officers of health and Women's Institutes indicate an opportunity for service in the rural districts which Ontario nurses must prepare themselves to meet.

In the five Provinces making use of the questionnaire, returns were received from Public Health Nurses reporting varied duties—visiting nursing, instructive tuberculosis and child welfare nursing, sanitary inspection, hospital medical social service, and school nursing. One nurse appointed to a position of responsibility with a patriotic assocation, owing to her training in public health work, reports that she feels her work can no longer be considered Public Health Nursing. It is surprising to note that no returns were received from industrial nurses. The organizations employing the nurses included in the survey are also varied—Victorian Order, Municipal Boards of Health, one Provincial Board of Health, Boards of Education, hospitals, Metropolitan Life Insurance Co., Women's Institutes, and other private organizations.

The recommendations received from the nurses cover a wide range of subjects—free dental clinics in schools, the educational value of bathtubs in schools, housing laws and inspection, methods to be adopted in organizing a visiting nurse association, special training for Public Health work, and the relationship of the visiting nurses to the Provincial Organizations of Graduate Nurses.

A letter containing the following recommendations was sent in May, 1917, to each member of the committee:

1. That the Standing Committee on Public Health Nursing is not necessary and should be discontinued.
2. That a Standing Committee consisting, as at present, of a representative from each Provincial Executive, should continue its efforts to stimulate interest in Public Health Nursing.
3. That a Public Health Section of the Canadian National Association of Trained Nurses should be organized, with its own officers and with representation on the Council of the National Organization.

British Columbia, Manitoba, Ontario, and New Brunswick endorsed the recommendation continuing the committee, and Saskatchewan, Quebec, and Nova Scotia endorsed that establishing a Section of the Canadian National Association of Trained Nurses. Alberta did not express an opinion. The committee, therefore, by a vote of four to three, recommends that a Public Health Section of the Canadian National Association of Trained Nurses should not be established.

Only one meeting of the committee could be held, and that a hurried one, called June 13th in Montreal, to formulate recommendations arising from the reports of the individual members. The members had previously been notified to appoint representatives if unable to be present. The Provinces were represented as follows:

British Columbia, Miss Randal; Alberta, Mrs. Armstrong (unofficial); Saskatchewan, ——; Manitoba, Miss Starr; Ontario, Miss Dickson; Quebec, Miss Anna Hay Browne; New Brunswick, Miss Branscombe (unofficial); Nova Scotia, Mrs. Bligh.

As a result of this conference, the committee wishes to present three recommendations:

1. That the Canadian National Association of Trained Nurses shall consider Public Health Nursing to include those forms of nurs-

ing which have as their object the prevention of disease. This broad classification to include: Tuberculosis and industrial nursing; sanitary inspection, when carried on by nurses; pre-natal, child welfare, and school nursing; hospital social service, or any form of social work for which a nurse's training is essential. The committee wishes to include, also, visiting nurses who are concerned with the care of the patient, owing to the fact that the instruction of the family must be an essential part of the nurse's work, if the patient is to be left in the care of the family during her absence.

2. That the Canadian National Association of Trained Nurses should urge the Provincial Associations to seek as members all Public Health Nurses eligible for membership, and should instruct the Committee on Public Health Nursing to urge as many Public Health Nurses as possible to identify themselves with those local nursing organizations which are interested in nursing education and the maintenance of nursing standards.

3. That the Canadian National Association of Trained Nurses should request the Canadian Association of Nurse Education to study the post-graduate courses available in Canada for Public Health Nurses, keeping in mind the increased demand for preventive nursing which will follow the war, before they complete their standard curriculum for schools for nurses.

Canadian Public Health Nurses are struggling, as schools for nurses are also struggling, to effect a wise compromise between present possibilities and dimly glimpsed ideals of organization and service. The incompleteness of the reports from the various Provinces indicate that there is not yet a conscious effort on the part of Canadian nurses, as a whole, to meet the demands of the Canadian public for preventive nursing. The period of reconstruction following the war will find us unprepared. While Canadian schools for nurses can and will meet this need as they have met the call for overseas service, it may be more difficult to do so. Army regulations recognize only those nurses who are graduates of standard schools. The public, who are demanding preventive nursing, do not recognize the need for skillful service. While we are waiting for standardized Public Health training we must provide the best nurses we have, nurses with a thorough knowledge of nursing practice and health laws, and with high ideals of service. The present schools advised by these graduates will develop special training for future graduates. Canada must, however, send only the best graduate nurses into Public Health work in the present emergency, and the Provincial organizations must stand back of them while they are studying in the hard school of experience.

From one pioneer Canadian Public Health Nurse comes the request for space in the "Canadian Nurse" for discussion of visiting nurse problems, and from another comes the following recommendation:

"That superintendents of training schools be urged to draw the attention of their prospective graduates to this new field of nursing activity, a field which, being educational in character, requires a type of nurse in whom teaching ability is pronounced, combined with a love of children and the missionary spirit, and, as this field of work is destined to be much more greatly developed in the future, the suggestion is offered that superintendents should urge the nurses with the qualifications mentioned to specially fit themselves to enter upon this field."

It is graduate nurses such as these who guarantee the quality of Public Health Nursing service to be given Canada in the future.

EUNICE H. DYKE, Convener.

MRS. R. BRYCE BROWN: You have heard Miss Dyke's report. It certainly shows that a great deal of time has been given to it and a great deal of thought. I am sure Miss Dyke would like to have anybody's opinion on this report. Miss Gunn will read the recommendations in Miss Dyke's paper and you can discuss them one at a time. I think, on the first recommendation, we are only too glad to endorse that.

(The first recommendation in Miss Dyke's report was read by Miss Gunn).

MISS DYKE: The Canadian nurses actually doing public health work do not know that they can get that classification; for instance, I think four provinces wrote back assuming that the Victorian Order of Nurses were not Public Health Nurses. Another nurse doing Child Welfare Work did not know she was a Public Health Nurse.

MISS HALL: I move the adoption of that recommendation. The motion was seconded by Miss Fairlie.

(The second recommendation in Miss Dyke's report was read by Miss Gunn).

MRS. JOHNSON: I move the adoption of the second recommendation.

The motion was regularly seconded and declared carried.

(The third recommendation of Miss Dyke's report was read by Miss Gunn).

MISS DYKE: The committee did not discuss it in detail. If you want me to tell what I know personally, there are three schools in the Victorian Order.

MISS McKENZIE: Four.

MISS DYKE: And then there is a course at the Toronto General Hospital. Some organizations, such as the ones I am identified with, provide compulsory lectures for nurses after appointment, and that is what they wanted before the Canadian Society for Nurses' Education would take Public Health Nurses and wait for the development of post-graduate courses. I was hoping they would realize how long they would have to wait and they would provide some substitute.

The adoption of the report was moved by Miss Randal, regularly seconded, and declared carried.

MRS. R. BRYCE BROWN: There are several other committees we have to hear from before we adjourn for luncheon, and I wanted to have Miss Locke's report. Miss Gunn will read Miss Locke's report, as you know Miss Locke is not here.

REPORT OF NOMINATING COMMITTEE OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES FOR THE YEAR 1917.

Madam President:

Your Committee regrets that no nomination for President appears on the final nominating blank. Several members were nominated for this office apparently without being asked if they were willing to serve. Your Committee wrote to each member who had been nominated by more than one society, but each refused to allow her name to stand. The remainedr of the nominating blank requires no explanation.

MRS. WIGHAM, Toronto.
ANNIE I. ROBINSON, Toronto.
JEAN EDGAR, Toronto.
MARGARET EWING, Toronto.
HELEN G. R. LOCKE, Toronto.

Miss Locke, as you see, has done a great deal of work, and Miss Des Brisay has been Treasurer ever since we met in Halifax. Miss Johns is a very busy woman and yet she has taken on the Secretaryship,

and that means so much to the Canadian National. That means if there is any other nomination for this office, the nominations are not yet closed, and we have first nominations from the floor for President.

MISS STANLEY: I was going to ask if an arrangement could be made to decide the place of meeting. I think, then, you will not have so much difficulty about selecting a President.

MRS. R. BRYCE BROWN: You have two invitations. I think we will get Miss Gunn to read them.

Letter from Miss Breeze, Vancouver, to hold meeting in Vancouver in 1919.

Letter from the Graduate Nurses' Association of Ontario to hold meeting in Toronto.

MRS. R. BRYCE BROWN: This is the first time since I have been President that we have had more than one invitation. I know both those Provinces want you very much. British Columbia was very anxious to have us, and Ontario is also anxious. We met in 1914 in Halifax; in 1915 we did not have a meeting, and in 1916 in Winnipeg; in 1917 here in Montreal, and I don't think we need waste any time; you can just put it to a vote.

MISS STANLEY: I would like to move that the next meeting be held at Toronto.

The motion was seconded by Miss Madden and declared carried.

NOMINATIONS FOR PRESIDENT.

Motions regularly made and seconded for nomination for President were presented on behalf of Miss Gunn, Mrs. Bryce Brown, Miss Matheson, Miss Stanley and Miss Hersey.

It was moved by Mrs. Johnson and seconded by Miss Randal that the nominations for President be declared closed.

Motions regularly made and seconded for nominations for First Vice-President were presented on behalf of Miss Isabel McIlroy, Miss Eunice Dyke, Miss S. A. Barrington and Miss Fairlie.

It was regularly moved and seconded that the nominations for First Vice-President be declared closed. Carried.

Motions regularly made and seconded for nominations for Second Vice-President were presented on behalf of Miss M. F. Gray, Miss L. C. Phillips and Miss Campbell.

Motions regularly made and seconded for nomination for Treasurer were presented on behalf of Miss H. Des Brisay, and Miss E. Johns as Secretary.

It was regularly moved and seconded that nominations for Second Vice-President be declared closed. Carried.

MISS JOHNS: I allowed myself to go up in a fit of wild discouragement. It was on condition that the nominations should come from the floor and I should be permitted to withdraw my name should a more experienced one present herself.

On motion regularly made and seconded, Miss Dickson received the nomination for Secretary.

MISS DICKSON: At present I really could not act as Secretary.

MRS. R. BRYCE BROWN: Miss Dickson is the Secretary of the G. N. A. O., and she thinks she cannot do it, and you cannot force her at this time because she has already been asked.

On motion regularly made and seconded, Mrs. William Bligh was nominated as Councillor.

MRS. R. BRYCE BROWN: We will take Miss Neilson's report, "The War Committee." Miss Gunn will read that report.

Toronto, June 7th, 1917.

Annual report of the War Committee of the Canadian National Association of Trained Nurses.

I have the honor to submit the following report for the year 1916-1917:

During the past year we have had no calls from the sources which have appealed to us before, and no direct calls from any other sources. I have, therefore, quite an inactive year to report.

At the beginning of the year we had the misfortune to lose our Corresponding Secretary, Miss Weyer. Her work, as all know who have been in touch with it, has been simply beyond praise. Owing to difficulty in finding a successor, and to the fact that no work has come in, we have appointed no one to fill her place.

From the Treasurer's report, which is submitted herewith, you will see that we have a balance in the bank of four hundred and eighty-five dollars and ninety-two cents ($485.92). It is hardly necessary to remind you that this money, and also the greater part of what we have expended, was collected for the purpose of defraying the expenses of the nurses who responded to the appeal of the French Flag Nursing Corps. I would ask you to consider the question of disposing of this balance as the Association sees fit. The committee would make no suggestion other than this one: That if there arise the necessity of helping any one or more of the nurses who so nobly responded to the call of our ally, their needs should be considered first.

T. NEILSON, Convener War Committee.

TREASURER'S REPORT CANADIAN NATIONAL ASSOCIATION TRAINED NURSES.

Receipts	$5801.34
Interest in bank	19.95
Grand total	$5820.29

DISBURSEMENTS.

To equipment ten nurses, first contingent, $50.00 each	$ 500.00
To equipment ten nurses, first contingent, $180.00 each	1800.00
Ocean line tickets, eastbound and return	690.95
Canadian Pacific Railway tickets	144.35
To equipment six nurses, second contingent, $50.00 each	300.00
To equipment six nurses, second contingent, $175.00 each	1050.00
Ocean line tickets, eastbound and return	535.00
Canadian Pacific Railway tickets	61.00
Passports	30.00
Cablegrams and telegrams	29.83
Advertising	12.52
Diaries, books and pencils	53.70
Cash returned to Miss McMurrick	20.00
Mrs. Hutchins, re French lessons	94.00
Stamps, re Secretary, Miss Weyer	10.00
Stamps, re Treasurer	1.00
Cheque returned	3.02
	$5334.37

Total receipts	$5820.29
Disbursements	5334.37
Balance in bank	$ 485.92

M. WIGHAM, Treasurer War Committee.

MISS RANDAL: I move the adoption of this report.

The motion, being regularly seconded and voted upon, was declared carried.

MRS. R. BRYCE BROWN: This afternoon the Montreal General Hospital are entertaining us at the Montreal Hunt Club. Now the cars leave Dorchester Street at 4:15 promptly. That means you must leave this hall at 4:00 o'clock in order to be there at the corner of University and Dorchester Streets, where the cars will take you out to the Hunt Club as the guests of the Montreal General Hospital.

The meeting then adjourned until 2:00 o'clock p. m.

2:15 o'clock p. m.

The meeting resumed.

MRS. R. BRYCE BROWN: We will now have the paper by Miss McKenzie. I don't think Miss McKenzie needs any introduction to the nurses of Canada.

MISS McKENZIE: I felt the subject was so very important that it was better to prepare a sufficiently suggestive paper so that the various points that are of importance in connection with this subject may be brought out in discussion. I think it would be more profitable than a very full paper. I might say, in regard to this subject, that I consider it at the present time a most important subject before the Canadian people as concerns the health and welfare of the whole nation. I think that Canada, with regard to the Midwife question, is in a very critical position, and a false step is going to bring very bad consequences. For that reason I think that the nurses who have thought over this subject, and all the doctors as well as the people who have been thinking along health lines, should pay a very great deal of attention to it and should know exactly what is going on before Canada decides what she is going to do with regard to this momentous question.

CANADA AND MIDWIVES.

In choosing the title for this paper, "Canada and Midwives," I was prompted by a desire to give you a shock by seeing the combination which, let us hope, will never be a reality. In this paper, I am going to try, first of all, to rid the subject of the many misunderstandings which surround it at present—so many who have written and spoken of it recently have confounded the terms "midwives" and "maternity nurses"; others have heaped all kinds of abuse on the women practicing as midwives; others, again, have surrounded them almost with a halo, attributing all the virtues to them and maintaining that they can and will do many wonderful things that no one ever heard of their doing, and so on, ad infinitum, until it is difficult for those who have not studied the question carefully to know just what they are considering. I may state, at the outset, that praise and blame to midwives, as a class, are unfair. Insofar as I am able, I intend to make my treatment of the subject as scientific and as impersonal as I can make it.

The word "midwife" is from the Old English "mid," "with," and Anglo-Saxon "wife," and in its original meaning is "one who is with (i. e., assisting) a wife." Gould gives the definition: "A woman who practises obstetrics,"

and his definition of obstetrics is: "Obstetrics is the science of the care of women during pregnancy and child-birth." That definition of obstetrics is a good one, and before I have finished I hope to show how far we have travelled away from it.

In order to secure a broader outlook before taking up the subject for Canada particularly, it may be well to glance for a few moments at what has been done and at what results have followed in other parts of the world.

In the old countries, midwives have been known from the earliest times, and various rules and regulations as to their training, licensing, inspecting, etc., have been drawn up. In Europe, Holland, Belgium, France and Italy have a full two years' course for them; Norway, Sweden, Denmark, Austria and Germany, a one-year course. England in 1902 faced the problem and tried to solve it by establishing the Central Midwives' Board, by Act of Parliament, entitled: "An Act to Secure the Better Training of Midwives and to Regulate Their Practice." This provided for a three months' course, which has lately been extended to six months. The Japanese midwives are well trained, a two-year course being required in the University of Tokio. In the newer lands, in the United States, the first school for midwives on this continent was opened at Bellevue, August 1st, 1911. This provides for a six months' course after the probation month.

Now, glancing at general reports from these countries, we find that in Austria and Germany—this has nothing to do with present war conditions—one of the best authorities reports the midwife situation in those countries in a "state of misery." Dr. De Lee, in writing on this matter, sums up: "I have visited many European clinics, and I am convinced that the reason they are so far behind ours in their obstetric technique is because of the presence of the midwife and the low ideal she establishes.

"In Europe the midwife has more standing than she has in this country; the laws she must obey are stricter; they are enforced better than they could possibly be enforced here; she receives a two years' training in the best maternities under the world-famed professors; she has to take post-graduate courses every few years; she is under the direct supervision of the health physicians—and they supervise; and yet an authority on midwives calls the situation miserable."

In the United States the situation, according to authorities there, is far from ideal.

In England, judging from the unrest, from the numerous expulsions and from the more rigid rules that are being enacted, I should say the midwife question is far from satisfactory.

Now, Canada occupies in this, as in so many things, a unique situation. She may profit by the experiences and the mistakes of all other countries. She has time to evolve a perfect system, would she set her mind to it, be guided by vision and, looking far ahead, see, with the seeing eye, the outcome. Will she rise to it? That is the burning question today, not only pertaining to midwives, but to many other problems at our doors. Our great menace in this connection is that Canada may slothfully adopt a midwife scheme that has proved a failure elsewhere, merely because she is too lazy, too indifferent, too unprogressive and too lacking in ideals to do anything else.

What Canada should do is to evolve a scheme of good scientific obstetrical practice, which implies an improvement in every part of the present service.

Dr. J. Whitridge Williams, of Baltimore, expresses himself thus: "We have to bear two things in mind: That obstetrics is a broad subject, and obstetrical care should begin when pregnancy begins and should continue until the baby is able to eat ordinary food. . . . The second thing is the education of the doctor, and when the doctors of this country—and it applies to Canada just as well—feel as all intelligent obstetricians do about the subject, there will be no further need to talk about the midwife, because she will have disappeared."

The first implies the pre-natal care, care at time of confinement, and care until the baby is at least a year old. The second implies more attention to the training of doctors in obstetrics, better equipped maternity hospitals and dispensaries, and so a raising of the dignity of obstetrical practice. The bad work that is being done in very many parts of this country in connection wth maternity service is appalling. That is used by some as an argument in favor of midwives—but it is not an argument at all—it merely suggests uniting

one bad thing with another, and two bads never made a good. The tolerance of midwives in any country merely emphasizes the low obstetrical ideals of that country.

Have you ever thought seriously about the strange anomaly we have in connection with this subject? In the care of the pregnant woman, we have the key to the health of the nation. If that woman is cared for sensibly and tenderly during pregnancy, is kept under careful, skilled supervision, so as to have bad symptoms detected and corrected in time; if she be delivered with cleanly skill and nursed during her lying-in period by skilled nurses, think for one moment of all the suffering, all the unhappiness, the long years of invalidism, the weaknesses of offspring that would be prevented. All of you, who have had experience in the gynaecological wards of hospitals, know that those wards are the monuments being raised up each year to bad obstetrics. We hear people say so glibly that giving birth to a child is a natural process, and from that saying have resulted many of the troubles that will have to be conquered before we are the strong race we were meant to be.

Here I should like to quote Dr. DeLee again: "Obstetrics has great pathological dignity—it is a major science, of the same rank as surgery.

"Certainly having babies is a natural process, and, in the intention of nature, should be a normal function, yet there is no one here who can deny that it is a destructive one. We all know that even natural deliveries damage both mothers and babies, often and much. If child-bearing is destructive, it is pathogenic, and if it is pathogenic it is pathologic.

"I do not have to go far to prove these statements, and will cite only a few facts: That 20,000 women die in the United States every year, during child-birth, is a very conservative estimate. Hundreds of thousands of women date life-long invalidism from apparently normal confinement, and our local findings are very meager. A few of the less prominent but proven sequences of child-birth are: Laceration of the cervix, parametritis postica, chronic metritis, sterility; again: laceration of the perineum, rectocele, pelvic congestion, patulous vulva, chronic infection of the vagina, ceryix, uterus, etc. Again: Urethro-cystocele, cystitis, ureteritis, pyelitis, nephritis, and combinations of all these, leading to incurable invalidism. Of the more evident damages, prolapse of the uterus and deviations of this organ may be mentioned, and let this be emphasized, these admittedly pathologic sequences, not seldom, but often, follow so-called normal labor.

"As for the babies, there is a birth mortality of at least three per cent. in spontaneous deliveries, and there is a larger percentage of brain injuries than can be proven by available statistics.

"Thus far, I have had in mind only natural deliveries, so-called normal labors. Let us remember the complications of pregnancy and labor, placenta previa, eclampsia, abruptio placentae, ruptura uteri—accidents occurring with startling suddenness and requiring instant treatment. They have a mortality of from 15 to 80 per cent., as high, if not higher than any of the complications of surgery. And we are to trust the prevention of these accidents, these diseases, these deaths, to ignorant midwives!

"If the profession would realize that parturition, viewed with modern eyes, is no longer a normal function, but that it has imposing pathologic dignity, the midwife would be impossible even of mention. The double standard of obstetric practice would be abandoned."

Now, when this noted obstetrician gives us such a clear explanation of the great importance of this science and art, how is it that in so many parts of the world midwives are tolerated? To Canada may yet belong the laurels for rescuing obstetrical practice from the shades of darkness and ignorance and putting it, where it belongs, on a pinnacle, illumined by the torch of knowledge. Will she rise to it?

I have pointed out that Canada has time to work out a good system; her districts are not congested nor are foreigners pouring in at a destructive pace. In other countries those have been the reasons cited for having midwives. Up to the present they do not hold with us. The excuse given for having the midwife question thrust upon us at this stage is the need in the sparsely settled districts for medical and nursing care. The midwife is supposed to offer a solution for this problem. Will she solve it?

No one who has not penetrated into the out-of-the-way rural districts of Western Canada should attempt to solve the problems of those districts. The Canadian West is a land of vast distances—extremely beautiful, it is true, but vast. The individual holdings are large. There are comparatively few families in a district of twenty or thirty miles square. The woman who goes there should be able to cope with every kind of emergency—the cases are not

many, but they are urgent—accident cases, typhoid, pneumonia, maternity, heart, rheumatism, etc. Now, in districts of 20 to 25 miles square, the obstetrical cases looked after by the nurses averaged 11 per nurse per year—less than one a month. Midwives would take only maternity cases, could hardly cover a large area, so even granting that they were satisfactory for maternity cases—which I do not grant for one fraction of a second—it would not seem the best policy to have a person employed for a special branch of nursing of which there is so little and leave the other branches unprovided for, when one person might be employed who would be able to cover the whole field.

The experiences of other countries again tell us that midwives congregate in cities and congested parts of the country, avoiding the isolated districts.

Now, what are my suggestions to Canada in this connection? (1) Bury the word "midwife"—and bury it deep; (2) Wipe out the idea of the midwife as we know her; (3) Take steps to improve the education of the doctors and nurses in obstetrical practice; (4) Establish good maternity hospitals, where full training in all that pertains to the subject of obstetrics may be given doctors and nurses; (5) Establish dispensaries with pre-natal departments. By thus improving the training of the doctors in this branch, it will gain in dignity, and more doctors will consider it worthy of their best efforts. The training of the nurses in this branch will have a similar effect on them.

With regard to the shortage of doctors and nurses in the rural districts, a great deal may be done in the way of more even distribution—there are too many doctors and nurses—I am not, of course, speaking of war conditions in our cities and larger towns, and not enough in the rural parts. The Government should take steps to make the country practice more enticing for doctors and nurses. That may be done by providing better living quarters and by supplementing their earnings, until the country becomes more densely populated. The need is for more and better trained people, and that need, I am confident, can be met if the doctors and nurses get together and decide on what is best to be done. No shiploads of Old Country midwives, who are not wanted in their own land, no half-baked nurses, no well-meaning but ignorant and bungling voluntary workers will ever solve the problem of caring for the splendid people who are scattered over the plains and prairies of our beautiful Canadian West.

And now, one word more for this Association specially. The nurses of Canada are not the force they should be—the nurses are to blame and also the country. Nurses must assert themselves; they must show the public that they are in earnest, that they have ideals above the gathering in of the babies, and that they are anxious to help solve problems whose solution will mean the better safe-guarding of the health of the nation. There are two problems knocking very insistently to be heard: (1), How to provide nursing care for the people of moderate means who need a continuous service; and (2) the one I have already referred to—how to provide nursing care for the people in the isolated parts of the Dominion.

The public are looking to the nurses to suggest solutions, and if those are not forthcoming, the problems will be solved without their aid, and the chances are the solutions will not be the best, progress will be retarded, the country left so much the poorer, and the profession less of a force than ever in its own branch of service.

I have emphasized the fact that the fully trained woman only will solve the problem in the rural parts, not because I hold a brief for the trained nurse—I hold a brief for no one—but because I wish the people in those districts to receive adequate care, and I am fully convinced that that care can be given only by the trained woman—the woman with the trained head and hand and heart.

The problem, however, is not whether or not we are slavishly to permit the Old Country people who know nothing of our conditions to dictate a solution of our problems by dumping on to our prairies people they wish to get rid of, (that is a serious enough question, but it will rectify itself in time), but the problem goes deeper than that—it is how soon will Canada get down to work and provide reasonably safe care for obstetrical patients, and in that connection the prayer of each one of us, followed up by work, should be that Canada may never tolerate within her confines that destroyer of obstetrical ideals—the midwife.

MARY ARD. MACKENZIE.

*June 4th, 1917.

MRS. R. BRYCE BROWN: When we decided this question of Midwives was to come up at this meeting we all knew there was just one person in Canada who was conversant with all sides of nursing conditions on the prairie, and we knew if we could get Miss McKenzie to give us this paper we would get an insight into the conditions which we could not otherwise have elicited.

Before we discuss this paper we have a report from Mrs. Tilley's committee on the advisability of establishing midwives in Canada. I think, before discussing this paper, we will ask Miss Gunn to read Mrs. Tilley's report, and I want you to remember what Miss Mackenzie has said in order to be able to discuss this intelligently later on.

NURSES' COMMITTEE OF THE NATIONAL COUNCIL OF WOMEN.

Madam President:

The Committee appointed at the last Annual Meeting of the Canadian National Association to assist me in the work for the National Council of Women has been very helpful, and I am indebted to Miss Crosby and Miss Gunn of Toronto, Miss Starr of Winnipeg, and Mrs. Armstrong of Edmonton. If I have the honor of re-election as Convener of the Nurses' Committee of the National Council of Women, may I again have the privilege of a committee with choice of its members.

Respectfully submitted,

WINNIFRED TILLEY.

THE NATIONAL COUNCIL OF WOMEN OF CANADA

Report of Committee appointed by the President to investigate the need of skilled maternity care for the young mothers in the sparsely settled districts, and to find out how far The Victorian Order of Nurses is able to meet it.

Madam President and Ladies:

Your Committee are agreed that the need for more medical skill and nursing care in the sparsely settled districts is very great and urgent. Premature deaths have occurred owing to lack of, or delayed, medical care and efficient nursing.

Child-bearing is a normal function, and theoretically it should not be accompanied by danger or such dreadful suffering as has been depicted. Thousands of women have no other care than they obtain from a kindly neighbor or what assistance their husbands may be able to give; women have themselves performed the necessary operation to complete the birth, and many successful births are accomplished in this way. This is not an ideal situation, but shows that in normal conditions there is not the terrible suffering and danger, but physical defects and the hard life of the women on the homesteads in many cases causes conditions to arise during child-bearing which oftentimes not only permanently affects the health of the mother, but also that of her child, or may cause the death of one or both.

It is often impossible for the mothers to stay in bed the requisite number of days. They have sometimes to care for other little ones, make bread, etc., and this frequently gives cause for serious consequences arising from displacement, but owing to the vast distances the stores are remote, and the mother must provide for the necessities of life for her family. Various illnesses, contagious diseases, and accidents also, suffer greatly from lack of proper medical care and nursing, and premature deaths result.

Rich and poor of whatever nationality, in the thinly settled places of Canada, need more, better, and speedier medical and nursing care.

The Victorian Order of Nurses barely touches the fringe of the problem. A number of country branches have been opened during the past two years, and some new hospitals established from which nurses are sent out, and much good work has been done. The growth of the Order is not fast enough to meet so vast a need, a need which is not confined to one Province, but to all the Provinces of the Dominion. Wherever there are settlers, one family or more, the need is present, and they are usually so poor that it is impossible

for them to contribute to a nursing organization. The cost of help given them in sickness must of necessity be covered in some other way. The care of the sick in the sparsely settled districts is an expensive work; the Victorian Order is not in a financial condition to expand to reach these cases.

Indvidual efforts have been made by nurses to help the conditions in some districts, but, owing to the long distances between patients, and the lack of means of both patients and nurses, the efforts failed. Under present conditions, it is not possible for a doctor or nurse to make, in the outlying districts, sufficient money to enable them to pay the necessary living expenses.

Our investigations lead us to believe that the providing of adequate medical and nursing care for the young mothers, and also for those who suffer from accidents, organic diseases, and fevers (we feel our duty is not complete unless we mention them in this report), is too large a problem for private individuals or an Association to deal with. The extension of the Victorian Order of Nurses would greatly relieve the situation, but would still leave much to be desired, as the need for more experienced medical skill is as great as that of nursing care.

Some system should therefore be devised, one which would provide medical advice and efficient, careful nursing for all cases—maternity, accidents, organic diseases, fever, etc., to all in need, no matter what the financial condition of the patient may be.

The solution of the whole problem, in the opinion of your Committee, is the provision of small country hospitals, with qualified and competent nurses in charge, and medical skill available. The hospital to furnish both nursing accommodation to all patients who can come in, and a home for a staff of visiting nurses who go out to those patients who from varius causes are unable to leave their homes.

This is a large scheme, and could only be undertaken successfully by the Governments.

The Dominion and Provincial Governments spend much time and money in conservation of animal and forest life, and in assisting agriculture, mining and other industries. They have hitherto overlooked to a great extent the preservation of human life, which is without doubt the most important of all.

If a man has a sick beast, he can claim the services of a veterinary at the expense of the Government, but a sick member of his family is without any such claim.

The Government, Dominion or Provincial, should be asked to provide medical and nursing care not only for the mothers, but also for the fathers, sons and daughters, in the outlying districts.

In Manitoba the Provincial Government has appointed six nurses for welfare work in the outlying districts. Their work is purely educational and their object the conservation of child life.

They are also expected to educate the public along such lines as hygiene, prevention of contagious diseases, etc. They will accomplish much good work if they can teach the husbands and fathers that child-birth, though a natural function, does need care and sufficient rest to make a good recovery. Many women complain that they cannot rest after the baby is born on account of the household tasks. The fathers at such times should do the necessary work and make the bread.

The life of the wife and child of a large number of these settlers is not as valuable in their eyes as it should be. There is need of education along these lines.

In Alberta a Free Public Hospital League has been organized, and it is the intention of the League to petition the Government of Alberta to establish free public hospitals. The idea is to form a chain of small hospitals, the cost to be borne by a tax of one cent an acre on all lands. The hospitals to be free as schools are free, kept up as schools are, and placed as schools are placed, wherever there is need and not more than twenty to forty miles apart.

In closing this report, your Committee would like to state they are convinced that any scheme undertaken to help the sick in the sparsely settled districts, to be successful, must have the authority of the Government as well as its financial aid.

This report is respectfully submitted,

WINNIFRED TILLEY, Convener.

MRS. R. BRYCE BROWN: You have heard Mrs. Tilley's report and you have heard Miss Mackenzie's paper. Now, what we want is a discussion on those two. Remember we are here to send some kind of

a protest to both the Government and the doctors, and it must be an intelligent protest and also must be the voice of the meeting. Miss Mackenzie's paper told you exactly the conditions as they exist, and Mrs. Tilley has given you her report, for which she has been a whole year getting the facts from the different Provinces. I want you to discuss these, and I will be very glad if you will express your opinions as freely as possible, but, remember, we have to leave here at 4:00 o'clock. We do not intend to go to the doctors with a report without the backing of the Canadian National Association.

MISS JOHNS: I have a paper that was written by Mrs. McNaughton, who is President of the Saskatchewan Grain Growers' Association. This Association corresponds to the Women's Institute of Ontario, and means that they represent the actual residents of the district, most of whom are engaged in agricultural work.

MRS. R. BRYCE BROWN: We will be glad to hear Miss Johns' paper. It may give us some insight into the layman's opinion.

"THE NEED OF NURSING CARE FOR WOMEN ON THE PRAIRIES"

(By Mrs. John McNaughton, President Sask. Women Grain Growers)

The greatest question to-day, in my mind, on the prairie, is the question of Medical Aid and Nursing Care for prairie women.

I would ask you to picture the conversation of a Canadian prisoner, we will say in a German camp, talking about Saskatchewan. What could he tell a German? He could say that our public buildings are second to none in any country of our age, that our public works, our roads, our bridges are second to none; our progress has been phenomenal; and then he could turn around, if he were asked the question, and say that out on our prairies our mothers are allowed to die for lack of medical and nursing care.

I will take the liberty of reading a few of the only statistics available in this Province compiled by the former Medical Officer of the Public Health Department, Regina:

"This part of the world has an evil reputation for motherhood. Is it any wonder? There were 17,282 known births in Saskatchewan during 1914.

"The figures of deaths amongst babies bear out maternity conditions. While there were 1637 known to have died under five years of age, 1293 of them died under one year, 943 under three months, and 553 in the first week of life. The infantile death rate is 74.81 per thousand births, when, from different circumstances, compared with other countries, it ought to be more like 36 per thousand births. It is safe to assume that under improved conditions for maternity at least fifty per cent. of lost babies could be saved, and the Province would be richer by 646 lives per annum."

And this in a country that is absolutely clean! We are on the virgin prairies. Saskatchewan has no slums with their squalor and filth; no underground buildings; there is very little industrial employment of women—conditions which contribute to infant mortality. The chief cause is lack of proper attenton during maternity.

To further quote Dr. Rose, who gives facts and figures concerning all the hospitals in the Province, he says:

"We have the startling information that, at the lowest possible estimate, one woman in every three is materially injured in maternity in Saskatchewan."

In 1914, at their Convention, the Women Grain Growers first took up this question. The different delegates related local circumstances and local needs, and their Executive was instructed to work on this question; but from lack of legislative machinery, and lack of knowledge, we seemed to make little progress.

In 1914, the Homemakers passed a resolution asking the Government to grant $25.00 to every needy mother within the Province. The Government granted their request. To-day $25.00 can be obtained on application to the local Registrar of Births and Deaths for any needy mother; $15.00 of this must go to pay part of the doctor's fee. Well, this is something, but it only touches the question.

In the Grain Growers' Convention of 1915 and 1916, much time was spent on the subject of Medical Aid and District Nursing, and strong resolutions were passed, a great deal of interest being aroused.

And now, as regards our present position: Very important changes have been made in the Rural Municipalities Act.

One change provides that the services of a municipal doctor may be secured and his salary guaranteed by the municipality up to $1,500 per annum. Another change is the Rural Hospital Act, which allows three or more contiguous municipalities to establish a union hospital. A number of such hospitals are under construction but all report great difficulty in securing nurses.

Another change in the Municipal Act states "The Municipalities now have additional powers in providing for the appointment of a nurse for the Municipality" or "granting aid to an organized society for securing the services of such a nurse." These are great steps towards overcoming the financial side of the question.

The greatest difficulty facing prairie workers to-day is that of obtaining nurses. At our Women Grain Growers' Convention in February last, from two hundred odd districts represented, only seven districts were found to possess a qualified nurse. At a meeting recently, a local registrar stated that from thirteen births recently reported to him only two had received any outside attention. I have met with dozens of babies in my prairie travels at whose birth the father had been obliged to act as doctor, nurse and housekeeper.

In my prairie trips I am constantly crossing the tracks of dead babies and mothers, who never ought to have died. It is nothing more or less than national murder. The State guards and protects our hogs and our forests and allows our children to die.

As I stated before, the people are becoming more ready to contribute their share financially; if the Government will do its part and the nurses theirs, the question can be dealt with. Western Canada to-day is calling for nurses, practical women filled with missionary zeal, women with vision.

The Canada Sub-Committee of the Colonial Nursing Association sends the following splendid expression to me:

"The great object before us is to co-operate with the Dominion, not to initiate, but to follow Canada's lead, right away into those outlying districts where the need for adequate midwifery and care of child life is so well known. The solution of the problem may not be easy, but neither is it impossible, for where mother and child can and do go, there the trained nurse, the certificated midwife, whoever is to bridge the river, must surely follow. It would be against the spirit of our race if this difficulty once realized was not adequately met."

The path of the missionary nurse would not be easy. Too often the house consists of one room; if the weather is severe the new baby must be born practically in the presence of the family.

Too often no soft-water; sometimes both mother and child have to wait whilst efforts are made to procure soft-water.

Too often, if the nurse cannot do the maternity washing, it must wait until the mother is able. Probably she cannot change again until that washing is done.

Too often it is impossible to get anyone to look after the rest of the family. The cooking, etc., must all be done in the one room with the patient.

Too often the nurse has to contend with peculiar and unsanitary prejudice on the part of the patient and friends, particularly if non-English-speaking.

Too often the doctor cannot be obtained.

Too often no suitable utensils for the nurse's use.

Added to this are journeys by ox-wagon, stone-boat, and every description of vehicle, in every kind of weather. In one case I personally know of, the husband drove forty miles for the nurse. Returning with her he found the river had risen. They were obliged to camp under the wagon for 24 hours on the river's bank. When they reached their destination they found the mother very sick, with a dead baby beside her.

On behalf of the pioneer women of these Western Prairies, these lonely Daughters of the Empire, may I, in the interests of National Service, ask the Canadian National Association of Graduate Nurses for a token of interest in this very vital problem?

Respectfully submitted, VIOLET McNAUGHTON.

MRS. R. BRYCE BROWN: Now we would like a discussion on these papers. Miss Randal had the pleasure of meeting Mrs. McNaughton in Winnipeg, and perhaps she would like to tell us something of what Mrs. McNaughton thought.

MISS RANDAL: One of the greatest privileges I think I ever had in my life was going to the National Council of Women's Convention. We met Mrs. McNaughton after she had written this paper, and, through a very wise move on the part of one of the Manitoba nurses, a luncheon was arranged. It started in quite an informal way, but it grew until we had fourteen people, including Mrs. McNaughton and Mrs. Plumptre, of the Red Cross Association, who was interested in this Association; Dr. Margaret Gordon and a number of laity, as well as nurses, and we seemed to get at the bottom of things at that luncheon more than we would at a half dozen meetings, and Mrs. McNaughton thought that after all the problem of maternity nursing was only a small part of the problem, and that the midwife or the maternity nurse, unless each one were a classified nurse, was not going to fill the bill at all. It had never occurred to her that the midwife would be perfectly helpless with nine-tenths of the cases that came her way. It was a remarkable change of view. Then the feeling seemed to be that half of those women go out and live under those conditions. Then it came out that they do the same thing in China and other places with the missionaries. They said: "You cannot find a proper place for them to live unless you provide them with a good salary." Another thing that was brought up was the "small" hospital's bill, both in Saskatchewan and Alberta, which received a certain amount of criticism. One of the criticisms by Mrs. McNaughton was that where the voters were foreign they had great difficulty in getting them to pass the money to build those hospitals, and they could only build these by having the money voted by the municipalities. That seemed to be quite a solution as far as buildings were concerned, but the nursing problem still remained the same. One difficulty is that, owing to the difficulty in providing suitable training, they did not want to start training schools in little bits of hospitals. I think that was about the sense of the luncheon. Miss Johns was there and she can probably add to this or correct me.

MISS JOHNS: I think Miss Randal has admirably covered the ground. We were glad to be able to state that the luncheon did prove profitable. You have to meet Mrs. McNaughton to appreciate that paper. She has sensed the educational problem involved, and that to us was most refreshing.

MRS. LANGILLE: I had the privilege and the honor to be proxy for Mrs. Tilley at the National Council of Women, and we had a discussion on Mrs. Tilley's report and I was not allowed to finish the reading of her report. In Mrs. Tilley's report she made the statement that was just read that she thought if conditions were made better in the rural districts there would be no trouble getting the nurses to go there,

and at the public meeting that question was also asked me, and I must confess I was at a loss to say whether nurses would go. I said I hoped in the nursing profession we had enough nurses with missionary spirit to go, but I could not say they would.

I think that was the feeling amongst the women of the prairies, that the nurses would not go there and put up with hardship, consequently they have recourse to the midwife. I think the rural women think that these midwives will undertake work that a graduate nurse will not. I don't say that is true. I would not like to admit it was true, and when the question was put straight to me I said I would not admit it was true.

MRS. R. BRYCE BROWN: I think a great many people have that idea, that a trained nurse will not stop in the home of the West. I don't think it is the fact, because in my experience most of the nurses have been willing to do what is necessary, but it has been true in a few cases, so we are all blamed.

MISS STANLEY: From the papers it would almost appear as if the Government had been altogether slow to respond, and the only thing I think might happen is that they don t know enough of our side of the question, and I think they ought to be educated to it. I think if the Government would take over this work, or be approached in some way, that they would look at it and be advised by those most interested in the medical profession and the nurses. I think a happy solution could come of the meeting.

I am sorry to think nurses will not go to those great needs, but at the same time I also do know, as I said in the Superintendents' Convention, that if all our graduates were to volunteer there would still be need; we have not enough, so I think the Government's duty would be to build homes sufficiently large to increase our nurses up to three times what we have, and in that way I think they very soon would have their field equipped.

MISS RANDAL: Our need is now and it was plainly put. You can see the handwriting on the wall.

MISS STANLEY: I think we must do the best we can and yet force the Government's hand. The Government has the money bags. We have not.

MRS. ARMSTRONG: In regard to the rural question, in Mrs. Tilley's report, that report came in from Alberta. The act had not been passed when I sent my report to Mrs. Tilley. Since then it has gone through the House, not exactly as we wanted it to go through. What I mean by this is the women of Alberta were behind that. It was not the nurses. I am only sorry to say the nurses were not the ones who brought it back. It was the women of Alberta, through their Women's Institute. They, knowing I was a Registrar for Alberta, asked me to speak on that to them. It was a small town, Hayesland, in a small house, and the place was packed. They said: "Why should we go into the State Hospital and have to go into a public ward as a pauper because we

cannot come through with our $25.00 a week?" They were treated as paupers for the simple reason that they could not pay the fee for a private room. If seven people in a district have seven children or have more children, they can petition and they can get a school. If a man has a valuable horse or cow or even a hog that is sick, by sending word to the Minister of Agriculture he can immediately have a special train with the very best veterinary surgeon in the Province sent immediately up there for his animal, and his wife can die and he could not get medical assistance for her. You cannot blame it on the medical men, because those men have to go a long distance. The nurse, as you know, cannot cope with those conditions alone. A graduate nurse will not go into a place and take care of a pregnant woman alone. She will not assume the responsibility of child-birth alone. That is what the midwife will do, and she is willing enough to assume the responsibility because she does not know the difference; it is ignorance on her part. When a nurse is required to go alone you cannot blame her for assuming the responsibility, but under the Act the idea is the hospitals are placed twenty miles apart. That means a distance of ten miles each way to the nearest hospitals. In placing these hospitals, the residents of the district can sign a petition that they want this hospital, then the Government will place the hospital with fully qualified doctors and nurses. Alberta says those hospitals shall be equipped with fully qualified nurses and registered medical men of the Province of Alberta. We are very proud of it, so I think we are a little ahead, probably, if we are young. In the eastern Provinces you have very old established customs, and there is an old saying, "Much can be made of a Scotchman if he is caught young," and we have caught Alberta young. Our doctors and nurses work there very harmoniously; besides, we continuously hammer away at our Woman's Association. I myself am Convener of the Woman's Association of Nurses in the Canadian Council of Women of Edmonton. Miss Mackenzie hammered away at the National Council of Women until she got that committee appointed in the different Associations. Any requests that come up in outlying districts for certain hospitals are turned over to her, and the committee is composed of nurses from certain hospitals, so I think that the only solution of the difficulty is those Rural Hospitals. That is my experience in going around through the prairie countries. If there was an organization that would go forward and pay part of the fare or her fees—of course if a doctor goes that is his only means of revenue—but when she is on that case that is all she is getting, and unfortunately the latitude does not allow nurses to do without the usual quantity of clothing as other people. There is no sense at all in laying the blame back on the nurses as we constantly get it.

MRS. R. BRYCE BROWN: Certainly the Rural Hospital is going to help that a great deal, and Alberta is going to show us some example. The difficulty is the distance they have to go and the difficulty in getting there, especially in the winter time.

MISS STANLEY: Did I understand the last speaker to say there were no Training Schools in connection with the hospitals, all registered nurses?

MRS. R. BRYCE BROWN: All registered nurses.

MISS JOHNS: Would it be possible to have some one from this organization sent to confer with the doctors on this matter so that it could be put before the Government in some practical form?

MRS. R. BRYCE BROWN: The Dominion Council met on Monday and Tuesday in Ottawa, and they will not meet again for a year. The doctors we are going to this afternoon represent the Dominion Medical Association. They asked us if we would go and see them to-day. I think their idea is to send a protest to the Government and also to any organization that has any idea of employing midwives.

I think Miss Mackenzie could tell us about who to see. In the majority of the Provinces, if they introduced a midwife as a midwife, they would immediately be arrested, because it would be against the law. I am speaking of British Columbia at this time, because it is the only one I know. If in British Columbia anyone tried to introduce a law as was tried last year to allow midwives in British Columbia, they would run up against the fact that they do not allow midwives in British Columbia unless the doctors open their Act, and the doctors are not willing, but all our trouble in British Columbia is coming from one of our medical profession.

MISS RANDAL: Is it not a fact that all the legislation in connection with this is not done through the Dominion, but through each Province?

MRS. R. BRYCE BROWN: We have to go through our own Province, but as far as British Columbia is concerned we are safe; but they can put a midwife in there and call her a nurse until we catch her at it. The burden of proof rests with us, and we as nurses will have to get that proof.

MISS MACKENZIE: I might say, in regard to the midwife question, that the people in the Old Country that are agitating for it think that their great support comes from British Columbia. I have seen a number of letters to the Duchess with regard to that, and it was mentioned in one of them that last year British Columbia asked for a Midwife's Act, that it was turned down, but that this year it was going to be asked for again and they would almost be sure to get it. That is just supposition.

MRS. R. BRYCE BROWN: This doctor (Miss Mackenzie knows as well as I do who it is) was our Provincial Secretary and also Minister of Education, and the nurses introduced the bill and we took it up to him and asked him to do something with it. I never knew what happened. We never knew what happened or what influence was brought to bear. We went away feeling that our bill was being taken care of, but it

had not been touched. The next year he said he was going to help us. We found out that he was working against us. Our bill last year, as many of you may have known, got up to its third reading. If it had ever gone through, the nurses in British Columbia would be five times worse off than they are to-day. The member who was introducing it wired us and asked what to do. It was still his privilege not to mention it, to let it die without anything further being said about it, so we wired him back not to do anything. This doctor was so determined to have this bill that he brought it up, which is a thing that has never happened before, that another member would bring up a bill which a member introducing it was trying to let die. He brought it up, and the members who were standing by our member rallied around it at once, and one of them immediately jumped up and moved that it be postponed until the following Thursday. It was put through the meeting and carried, and nobody realized that on the following Thursday there would be no members present, as Parliament would have adjourned; so that is just how near we came to having midwives in British Columbia. This year we did not introduce any bill. Each Province has to make the proof. I am going to ask Miss Gunn to say something on the subject.

MISS GUNN: I know a great deal more about it now than when we started here, but I think probably it would be a very excellent thing to approach the different Provincial Governments on the subject, but I don't think there is very much use approaching the Government, taking up their time, unless we have something definite to propose, and it seems to me that the duty of the nursing body is to supply the nurses, provided the municipalities supply the hospitals and the funds. I think this is where our duty is, to supply the nurses for those hospitals and to fill this need. But Miss Stanley says the nurses are scarce at the present time, but it will take some time to build hospitals and to have the plan formulated and carried out. I don't think we should expect them to go there and spend their lives on the prairie. I think a great many of our young graduates would willingly go for a year or two of service, and I feel quite sure that the nurses of Canada would respond to the call if it were put to them properly and if they had a liveable salary assured while they were on that service. A great many of our nurses have to support themselves, and I think we will have to depend on our younger nurses for this service before they start in any special line of work. It would be an excellent preparation for public health work or any form of work they wished to take up. But I think any of the nurses, before they have formed associations, before they have started in any set branch of work, would respond to this work if it were put to them properly.

MISS DYKE: Years ago, when the Government did not provide teachers, the teachers had to go out on their own responsibility, and the nurses also are in the same state, and I think Miss Gunn's suggestion that they give a year or two of service is a most excellent idea. If the

Government would undertake their share of the responsibility we might be able to undertake ours.

MRS. R. BRYCE BROWN: Where they use midwives most is in the crowded districts, and most of the crowded districts have a large foreign population, because they will not have a doctor, but how they are going to help us in this country, where we have not got crowded districts, I don't know, but I think we ought to send to our doctors who are meeting here, and who have asked us to meet them, and state if we are willing to stand by them and if our big hospitals think it can be arranged, and put it before the pupil nurses as they graduate to give this year of service; to go to the doctors and say we feel sure that we as nurses can supply the demand if the Government takes the responsibility, and I don't think we would have to worry any more, as the doctors would look after it for us, but, if you go to them and do not give them any solution, they are likely to go ahead and do it because they have something to work on.

MRS. JOHNSON: I would like to recommend that this national body, this Nurses' Association, recommend to the Provincial Associations that a large, strong committee be appointed to interview the Governments of each Province, and to state through them that the nurses are willing to supply nurses for those fields if they will supply the funds and get the hospitals ready.

On a vote being taken this motion was declared carried.

MRS. R. BRYCE BROWN: I would like to have something definite to say to the doctors this afternoon.

MRS. JOHNSON: I was told the doctors were very sympathetic. It is a great help if you have to talk to people who are in sympathy with the point at issue.

MISS STANLEY: I move that the President be authorized to convey the message to the Canadian Medical Association of Montreal.

The motion was seconded by Miss Des Brisay.

MISS MACKENZIE: Suppose the doctors ask for ten nurses next week?

MRS. R. BRYCE BROWN: If the doctors ask for ten nurses next week I will guarantee to get them.

A paper on "The Hospital in Relation to Social Service" was read by Miss Cole, social worker, Montreal Maternity Hospital.

The meeting thereupon adjourned until 8:30 p. m. June 14th, 1917.

EVENING SESSION, JUNE 14TH, 1917.

Session opened at 8:00 p. m., the President, Mrs. R. B. Brown, presiding.

The first paper was "The Hospital in Relation to Social Service," by Miss Cole, Montreal. This was partially read in the afternoon session, but was completed at the evening session.

Next paper, "Child Placing," by Miss Mary Stirrett, Department of Public Health, Toronto.

Paper on "Military Nursing Overseas," by Nursing Sister J. Scott, Canadian Army Medical Corps, and read by Miss H. Randal, Vancouver.

Next paper, "Nursing Ethics," written and read by Miss Elizabeth Robinson Scovil, R. N., Georgetown, N. B.

Last paper, "Nurses' Work in Women's Institutes," written by Miss Kennedy, Victoria, B. C., and read by Mrs. Johnson, Vancouver.

After some discussion on the above papers the meeting adjourned.

FRIDAY, JUNE 15TH, 1917, 10:15 A. M.

The meeting was resumed.

MRS. R. BRYCE BROWN: I will ask Miss Gunn to read the report of the "Eligibility Committee," Miss A. E. Gilroy, Convener.

The above paper was read and its adoption moved by the reader thereof.

MISS GUNN: Since I have been Secretary, during three years, I have had so many applications for membership from nurses as individual members, and in the National Association the policy is to have the nurse become a member of our local organization, that is, affiliated with the Canadian National, but not to become an individual member. Miss Forgie, of Guelph, had also applied for individual membership, and the better plan is to support the local organization and become a member through affiliation.

MRS. R. BRYCE BROWN: We will now take the reports of the affiliated organizations.

Madam President, and Members of the Canadian National Association of Trained Nurses:

I beg to submit the following report of the work of the Graduate Nurses' Association of British Columbia for the past year.

During the early months of the year our efforts were centred mainly on Registration. Our Bill had been drawn up for some time, and two unsuccessful attempts made to get it before the Legislature in previous years. During April and May, 1916, we succeeded in getting the Bill through Committee and the first and second readings. It had an extremely stormy passage, however, and amendments of such a contentious nature were introduced, imposing conditions that could not be accepted, that the Bill was withdrawn before the third or final reading. The work of making surgical supplies for the British Columbia Base Hospital at Salonika has been continued; three large shipments containing surgical supplies, bandages, etc., have been sent; also 135 pairs of socks; 49 comfort bags were also made for the Red Cross Society.

The nurses overseas were not forgotten at the Christmas season, a greeting card and a handkerchief being sent to each nurse who had gone from British Columbia—100 in all. This perhaps sounds small for the work of a provincial organization, but the fact that it is a provincial organization and that the members are scattered all over the Province, and working for the various organizations where they reside, means that the work credited to the Provincial Association was done by half a dozen or eight nurses in Vancouver, and is not, strictly speaking, representative of the Association.

ELIZABETH G. BREEZE,
Secretary-Treasurer.

Report read by Miss Armstrong; its adoption was moved by the reader.

Report read by Miss Dickson; its adoption was moved by the reader.

Report from the British Columbia Nurses' Association, read by Miss Randal; its adoption was moved by the reader.

Report of the Manitoba Association of Graduate Nurses, read by Miss Johns; its adoption was moved by the reader.

Report from Collingwood General and Marine Hospital, of Collingwood; its adoption was moved by the reader.

Report of Grace Hospital Alumnae Association, Toronto; its adoption was moved by the reader.

Report of Kingston General Hospital; its adoption was moved by the reader.

Report of Montreal General Hospital; its adoption was moved by the reader.

Report of the Royal Victoria Hospital, Montreal; its adoption was moved by the reader.

Report of the Toronto Western Hospital Alumnae Association; its adoption was moved by the reader.

Report of the Toronto General Hospital; its adoption was moved by the reader.

Report of the Victoria Hospital of London; its adoption was moved by the reader.

Report of the Canadian Nurses' Association of Montreal; its adoption was moved by the reader.

Report of the Canadian Association of Nurses Educational; its adoption was moved by the reader.

Report of the Alberta Association of Graduate Nurses; its adoption was moved by the reader.

Report of the Nova Scotia Graduate Nurses' Association; its adoption was moved by the reader.

Report of the Saskatchewan Graduate Nurses' Association; its adoption was moved by the reader.

Report of the Vancouver Graduate Nurses' Association; its adoption was moved by the reader.

COLLINGWOOD ALUMNAE REPORT

During the year there have been held eleven meetings; there have been six of our graduates gone overseas, two with the Queen Alexandra Imperial Nursing Service, and four with the C.A.M.C.; two of the nurses, as well as our Superintendent, Miss M. Y. E. Morton, are in the Ontario Military Hospital, Orpington, Kent; one nurse is in Malta, and one in France; the others so far are in London. Miss Mary McCullough (one of the former graduates), has taken Miss Morton's place as Superintendent of the General and Marine Hospital, Collingwood, till her return, with Miss Gilpin (Class 1916), as head nurse. Two more of the nurses expect to go overseas almost any time; five of the nurses have been married within the year.

The nurses have been busy meeting every Saturday afternoon to make surgical supplies for the Red Cross; each month we have used $10.00 worth of absorbent and gauze, which we have dispatched to the hospitals through the Red Cross. Also at Christmas we made up 50 parcels, which were sent

to the Ontario Military Hospital, Orpington, Kent, England, for the wounded soldiers; each parcel contained a Christmas cake, chocolate and nut bars, cigarettes, gum, tooth brush and handkerchief, and the decoration for a ward of fifty patients, money for which we raised by a baking sale.

The nurses, when off duty, have been helping every Monday evening and Friday afternoon at the Collingwood branch of the Red Cross.

Respectfully submitted,

E. M. DAWSON,
Secretary.

Collingwood, Ont., May 26th, 1917.

REPORT OF THE GRACE HOSPITAL ALUMNAE ASSOCIATION FOR YEAR ENDING APRIL, 1917

During the past year six regular meetings were held, with two special meetings; one, being of a social character, held at the summer home of the President.

Owing to so many of our nurses being engaged in military work (thirty-two serving overseas and twelve doing home duty), the Association has been unable to undertake any special work. Early in the fall of 1916 the members of this Association joined the other Associations in Toronto in providing boxes of Christmas cheer for the overseas nurses. The boxes were sent direct by mail, and arrived at their various destinations in good condition. Many letters of appreciation have since been received from the nurses.

ANNUAL MEETING OF THE NURSES' ALUMNAE ASSOCIATION, KINGSTON GENERAL HOSPITAL, MAY 1st, 1917

The Annual Meeting of the Nurses' Alumnae Association was held in the Nurses' Residence on May 1st, at 3 p. m., the President, Mrs. George Nicol, in the chair.

The Secretary's and Treasurer's reports for the year were read. The adoption of the reports as given was moved by Miss Boskill and seconded by Miss McCallum.

The election of officers for the year 1917-1918 took place, with the following results: Honorary President, Miss Claudia Boskill; President, Mrs. George Nicol; First Vice-President, Mrs. S. Campbell; Second Vice-President, Miss Emily Baker; Secretary, Miss Florence Hiscock; Assistant Secretary, Miss O'Neill; Treasurer, Mrs. Howard Marshall; Corresponding Secretary, Mrs. George Williamson. Meeting adjourned at 5 p. m.

GEORGINA NICOL,
President.

GRACE CRAWFORD,
Secretary.

During the Alumnae year ending May 1st, 1917, there has been held five regular meetings and one special meeting. At present there is a total of sixty paid-up members.

A registry for nurses is still maintained at the Kingston General Hospital, twenty being registered for call.

At present there are about fifty graduates of the Kingston General Hospital on military duty. Of these twelve are in the convalescent homes in the city and thirty-eight in England and France. We are proud to report that four of our nurses are holding positions as matrons: Miss Bradley at Ongwanada, Kingston; Miss B. Willoughby, General Hospital No. 7, France; Miss F. E. McCallum; Miss C. McAllister, Canadian Special Hospital, Brixtone, England.

We are glad to report that three more of our nurses have been decorated with the Royal Red Cross, making five in all—Miss Willoughby, Miss McCallum, Miss Mercer, Miss Baillie and Miss McLeod. At Christmas the Alumnae sent to each Kingston nurse overseas a Christmas greeting, accompanied by a well-filled stocking; a box containing tobacco, toilet soap and chocolates was sent to Miss McCallum to aid her in filling stockings for the patients in the hospital of which she is matron.

In November a tea and sale was held, at which a substantial sum was realized. It was decided to spend the money for any urgent appeal that might

come to the association. In answer to an appeal from Dr. Gordon Chown, a generous supply of head dressing used in first-aid were made and posted directly to him. A request also came from Miss McCallum asking the Alumnae to aid her in getting better equipment in her hospital in order that the patients entrusted to her care might be made as comfortable as possible. In answer to this a sum of money was sent, which has helped to fit out a kitchen. We are especially pleased to know that Miss McCallum has received congratulations from the colonel in command, and also from the late Duchess of Connaught and Princess Patricia, who paid her hospital a visit.

Another call came from Lieutenant Stewart for socks for his men, and a generous donation was sent; also a quantity of stationery. Word was also received through Lieutenant-Colonel Long that the First Division, Canadian Ammunition Column, were badly in need of socks, and in answer to this the socks were sent.

The Alumnae has also helped in the up-keep of the Nurses' Residence by providing a quantity of linen.

Two nurses are appointed monthly, alternating with the Chapter, to visit and send flowers to any nurse who is sick.

In January an interesting address was given by Miss Machar on "The Work of the Women's National Council." Four members of the Alumnae were sent as delegates to the annual meeting of the above Council.

Miss Jean McCallum was sent as our delegate to the convention of the Ontario Graduate Nurses' Association, held in Hamilton, April 7th.

Our aim has been to give where the call was most urgent and to help wherever it was possible, whether at home or overseas. We trust that our efforts have been the means of enabling some one to realize that surely some one cares, and by that thought be led to the One who is ever mindful of us all and whose example we are trying to follow.

GEORGINA NICOL,
President.

G. CRAWFORD,
Secretary.

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION.

To the Secretary of the Canadian National Association of Trained Nurses:

The following is a condensed report of our work during the year:

There were eight regular meetings and one special meeting called during the year 1916-17. The average attendance was much lower, owing to the fact that so many of our graduates have gone overseas.

Feeling that it was an imposition to ask the doctors to address any of our meetings owing to the stress of work during this time of war, one of our members suggested we take up Red Cross work, which suggestion was accepted unanimously, so that surgical supplies and knitting have occupied our time at the meetings and at home.

One important matter of business to us, which was brought over from last year and decided upon this year, was the suspension of the Register of the Montreal General Hospital Alumnae Association. It is with great regret that we report this, but we hope to be able to resume it, at least, after the war.

At the annual meeting of the Association the sum of $120.00 was voted to the Canadian Prisoners' of War Fund, to be forwarded through the Edith Cavell Chapter, I. O. D. E.

The Treasurer of our Sick Benefit Fund reported the investment of this money (amounting to over $5,000) in War Loans, which we hope will enable us to use the fund in about two years.

There are 140 paid-up members on our books.

Respectfully submitted,

F. E. STRUMM,
Recording Secretary.

REPORT OF THE ALUMNAE ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL.

The Association reports ninety members on active service. In 1915 the Association financed a nurse to La Parme, Belgium, for four months' volun-

tary service. In 1916 we raised $150.00, which was used to support five prisoners of war for six months. This was given through the Edith Cavell Chapter of the I. O. D. E., which is composed of graduate nurses of all hospitals, and who have since taken up the work and now support six prisoners.

Work meetings are held once a week, and through this connection the members of our Alumnae carry on their war work. In April of this year the Alumnae raffled a hand-painted vase, done by a member and realized $60.00, which was given to the Prisoners' of War Fund.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Toronto, May 26, 1917.

During the year our Association has held five regular meetings and four executive meetings.

Outside of the regular routine business, the Alumnae keep a supply of yarn, which is given out to members. During the year eighty-three pairs of socks have been knit. Fourteen pairs of these were donated to "Secours Nationale."

In order to raise funds for patriotic purposes the Alumnae gave two very successful dances.

Twenty-two of our members are serving their King and country overseas, one of whom has been decorated by the King for bravery under fire. The Alumnae pay the fees of these nurses while they are on active service.

We feel that our Alumnae has had a very successful year.

M. ISABEL GILROY,
President.

THE ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

Miss J. Gunn, Secretary Canadian National Association, Toronto:

Dear Miss Gunn: In answer to your request on behalf of the Canadian National Association for a report of work done by the Toronto General Hospital Alumnae during the past year, I am heartily ashamed to say "none." The one thing the members did was to contribute very generously towards the Christmas boxes sent to Graduate Nurses resident of Toronto on active service. Other than this we have done nothing as an Alumnae, although many members were constantly knitting for friends overseas. Faithfully,

N. HILLARY AUBIN,
President.

Toronto, May 29th, 1917.

VICTORIA HOSPITAL, LONDON, ONTARIO.

The annual report of the Victoria Hospital Alumnae Association for the year ending May 31st, 1917:

During the past year seven meetings have been held, with a fair attendance, so many of our Association having gone for duty overseas. The number of members enrolled in our society is sixty-nine, and we have collected $130.50 during the year.

Our meetings are held on the first Tuesday of each month, and, apart from the business meetings, we have held five educational, at which addresses were given by some of the leading men in our medical profession in the city. We were also greatly favored in having Miss Davies address us on her work overseas.

In September we decided to send our graduates who were overseas Christmas boxes, each member contributing $1.00 towards this purpose. The boxes were packed and mailed in October, and all have been received in safety.

Another of the features of our year's work was the founding of the "Isabel Hampton Chapter" of the I. O. D. E., composed of fifty members, graduates of St. Joseph's and Victoria Alumnae. They meet every Wednesday afternoon, and much good work is being done for the Red Cross.

MARY FORSYTH,
Secretary V. H. A. A.

REPORT OF WORK DONE BY THE CANADIAN NURSES' ASSOCIATION OF MONTREAL.

During the past year the work of the Association has been carried on with increased vigor, notwithstanding the fact that our membership is constantly changing, so many leaving for overseas service. Several new members have joined the ranks, and some of these have manifested a keen desire to help in all departments.

In July last a proposition was put before the committee asking the Association to be responsible for a booth at the Military Benefit to be held in October. The proposition was accepted, the members entering most heartily into the work, and, thanks to the help of many friends, were able to make a good showing and to hand over a substantial sum to the Soldiers' Wives' League, who had charge of the bazaar.

In February an appeal was made in behalf of patriotic and Red Cross work, and was generally responded to.

The Nurses' Chapter of the I. O. D. E., which was formed shortly after the murder of Edith Cavell, and which is known by her name, has met every Tuesday afternoon, and the report of work done is as follows: 1,200 pairs of socks, 200 scarfs, 100 pairs of mitts, 200 caps, several cases of dressings, pads, etc. Five prisoners of war have been cared for, funds having been sent to Lady Drummond to supply them with food, and at the annual meeting of the Chapter it was agreed to undertake the care of another prisoner. The members of the Montreal General Alumnae undertook the care of two, and the Women's Hospital Alumnae the care of one. The work of caring for the prisoners was first undertaken by the graduating class of the Royal Victoria Hospital and afterwards carried on by the Chapter. One of the members of the R. V. H. Alumnae donated a very handsome vase, to be raffled partly for the Prisoners' Fund, and the sum realized from that was $70.

A large number of our members have done voluntary work in the Khaki Homes and Convalescent Hospitals, helping in every way to cheer and comfort the men who have done so much for us all. Some of our members have joined the A. M. C. for Home Service and are working in the Military Hospital.

The work of the Mothers' Friendly Club, which was undertaken by the Association in December, 1913, has been kept up. The interest the mothers themselves take in it increases each year, and it is wonderful to see how they have developed. At first they were like a lot of children out to be amused. Now the officers are all elected from among themselves. The President conducts the meeting, the Secretary reads the minutes, and the Treasurer gives the financial statement for the month. Useful Hints forms an important part of the meeting; anyone who has learned something useful since the previous meeting passes the knowledge on to the others. These Useful Hints are entered in a book, which is fast becoming a most instructive volume. These women have done much for the soldiers, too, and many of them have given their all for King and country and are eager to do what they can for the returned men. They presented a fine standard to the Belmont Convalescent Home during the winter, among other things.

The work of the Registrar has been heavy, a larger number of cases being attended to than during the preceding year, many calls having to go unattended.

Lectures have been given in the clubhouse on the first Tuesday of every month. This year they have been more varied in nature: "Missionary Life in Central Africa," "Infection," "Hospitals at the Front," "Nature's Great Incubator," "Punch." Several of these lectures were illustrated, which made them so much more interesting.

HELEN A. DES BRISAY,
Secretary-Treasurer.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

Dear Miss Gunn: I am unable to send you a report of the Canadian Society of Superintendents of Training Schools for Nurses, as we only have an annual meeting, and our executive is scattered from coast to coast, so we cannot even have a regular executive, but I feel sure the committees have been doing good work, which will be shown by their reports at the annual meeting. Yours truly,

E. G. FLAWS.

ALBERTA ASSOCIATION OF GRADUATE NURSES.

Edmonton, Alberta, May 29, 1917.

To the President, Officers and Members of the Canadian National Association of Trained Nurses:

In response to the letter of your Secretary of May 8th asking for a brief report of the work of the Alberta Association of Graduate Nurses for presentation at the annual meeting of the Canadian National Association of Trained Nurses, to be held at Montreal on June 14th and 15th, I have the honor to submit the following:

The Alberta Association of Graduate Nurses was incorporated by an Act of the Legislature of the Province of Alberta, assented to April 19th, 1916.

On June 20th of the same year the first election of a Council was held, the following being selected by their fellow members of the Association to manage its affairs for the two years ending July 1st, 1918:

Miss Eleanor McPhedran, R. N., Superintendent Military Convalescent Hospital, Ogden; Miss Emma J. Smith, R. N., Superintendent General Hospital, Calgary; Miss N. Gilmour, R. N., Superintendent Royal Alexandra Hospital, Edmonton; Mrs. R. W. R. Armstrong, R. N., Edmonton; Miss Edith M. Rutherford, R. N., Calgary; Miss Victoria L. Winslow, R. N., Superintendent General Hospital, Medicine Hat; Miss Lottie M. Edy, R. N., Assistant Superintendent General Hospital, Calgary.

Owing to the deeply lamented death of Miss Gilmour in August last, a vacancy was caused in the Council, which was filled by the selection of Mrs. K. Manson, R. N., of Edmonton.

The members of the Council were intensely grieved by the loss of their fellow councillor, Miss Gilmour, as she was held in the very highest esteem by all who had the privilege of knowing her, and more particularly by those with whom she was associated in matters pertaining to the profession of nursing, of which she was such an honored and valued member. In the words of one who was closely associated with her for years, "She was always unwavering in her devotion to duty, guided by the highest principles, and exerting upon those about her an influence which was at all times good and helpful."

The first meeting of the Council was held at Calgary in October, 1916. At this meeting the following officers were elected:

President, Miss Winslow; First Vice-President, Mrs. Armstrong; Second Vice-President, Miss Smith; Secretary-Treasurer and Registrar, Miss McPhedran.

By-laws were adopted at this meeting and plans perfected for securing as members of the Association nurses of the Province who had the necessary qualifications. That these plans bore fruit is shown by the fact that there are now 254 names upon the members' roll.

In March, Miss McPhedran answered the call for nurses for overseas service and resigned her position as a member of the Council and her office as Secretary-Treasurer and Registrar.

Miss C. M. Campbell, R. N., the successor to the late Miss Gilmour as Superintendent of the Royal Alexandra Hospital, Edmonton, was chosen to fill the vacancy in the Council, and Mrs. Armstrong was appointed as Secretary-Treasurer and Registrar.

The Provincial Association as such has not taken an active part in war work, but its officers and those of the Local Associations have been instrumental in securing volunteers for the Canadian Army Medical Corps. Complete figures are not available of the number of nurses who have left Alberta for overseas, but it might be mentioned that one party of ten fully qualified nurses left Edmonton the latter part of March and are now on duty overseas. Other parties of twos and threes have been sent from time to time. Many have also gone from Calgary, Medicine Hat and other parts of the Province. It may be of interest to note that one of the requirements of the military authorities is that all applicants must be Registered Nurses.

At the last session of the Alberta Legislature an Act was passed entitled "The Municipal Hospitals Act," more commonly known as the "Bill for Free Hospitals." While the Act does not establish free hospitals, it permits municipalities to build, equip and maintain hospitals at which all residents of such municipalities may be given free hospital accommodation and medical attendance at the expense of the municipalities, such expense to be met out of the revenue derived from taxes levied. One feature of the Act that is of interest

to the members of the nursing profession is that only properly qualified doctors and Registered Nurses shall be attached to these hospitals.

While in the past there has been some opposition to the registration of nurses from various sections of the Province, and even from some members of the medical profession, it is gratifying to know that as the objects of the Alberta Association of Graduate Nurses are becoming better known, and the provisions of our Act of Incorporation more widely understood, the opposition is gradually weakening and more encouragement is given us to persevere in our efforts to increase the efficiency of the nurses in our province and to raise the standard of our profession in Sunny Alberta.

Respectfully submitted,

LILIAN C. ARMSTRONG, R. N.,
Registrar Alberta Association of Graduate Nurses.

REPORT OF NOVA SCOTIA GRADUATE NURSES' ASSOCIATION.

During the past year our monthly meetings have been held regularly at the Woman's Council House (excepting when invited to the houses of members), and have been well attended; eminent speakers have addressed us, and we have enjoyed light refreshments and a social hour.

We have admitted thirty-eight new members. The matrons of the Military Hospitals (station, convalescent and temporary), and the Superindents of the leading hospitals throughout the Province are members Thirty-eight are serving our country overseas on military duty.

We have made application to the Transport Office at Halifax for the privilege of meeting returned nurses for reception and entertainment, and have been informed that we will be notified.

An important branch of our work is the Registry conducted by us in Halifax, the only one in this Province.

At our last annual meeting it was resolved: "That, owing to the fact that in the past this Register had supplied nurses whenever called upon, without remuneration, which gave nurses who were not contributing to the support of the Association equal privileges with its members, in the future the Register conducted at Restholm shall enroll only names of Graduate Nurses who are members of the Association."

A change in location was necessary, owing to the closing of Restholm and the resignation of our Registrar, Miss Pemberton, whose unselfish work in the best interests of our members was highly appreciated; her resignation was regretfully accepted.

Through the courtesy and co-operation of the Board of the Children's Hospital, it is now conducted at that institution under the personal supervision of the Superintendent, Miss Bamford, R. N., of Rhode Island.

A delegation was recently granted an interview with the Executive of the Halifax County Medical Society, who expressed their approval and appreciation of the work being done by us in this branch, and assured us that they would place our interview on record with the County and Provincial Medical Societies.

Our financial condition is fairly satisfactory, but our expenses are heavy, as the expenses of the Registry are met entirely by our dues, which are our only source of revenue.

We have affiliated with the Local Council of Women, with the usual representation at its meetings, the President and two delegates.

We have resolved: "That we place ourselves on record as approving of the advisability of granting the franchise to the women of Nova Scotia," and, at a recent public hearing in the House of Assembly "of a Bill placed before the Legislature at this session," we were represented in the delegation of speakers, which was representative of professions, societies and independent women.

The St. John Ambulance Association appealed to us for assistance; we responded. One of our members now organizes and supervises the instruction of the Home Nursing Classes, with several members instructing.

The St. John Ambulance Brigade is also superintended and officered by our members.

We regret to report our loss through enforced absence, for an indefinite period, of Mrs. Bowman, who gave us most valuable and much appreciated assistance, and hope to have her with us again in the near future.

Respectfully submitted,

CLARA B. BLIGH, R. N.,
Secretary.

SASKATCHEWAN GRADUATE NURSES' ASSOCIATION.

Miss Jean F. Gunn, Toronto:

Dear Madam: The work of the Saskatchewan Graduate Nurses' Association for the past year was principally the Registration Bill, which we were successful in having passed during the last session.

It necessitated a great deal of time and work of the executive, as the resolutions drawn up at our annual meeting, held in Prince Albert last year, were thrown aside by the Government as not being feasible, and a new Bill drafted. The Bill was introduced by Mr. Totkez, the member for Vonda. At the second reading it met with a great deal of opposition and was changed a great deal; however, it was passed at the third reading.

The Saskatchewan Graduate Nurses' Association have not been very active in war work, as most of the members belong to local branches.

We have affiliated associations from Moose Jaw, Saskatoon, Prince Albert and Regina, as well as members from Weyburn, Stockton, Melfort, Swift Current, Maple Creek and North Battleford.

The Moose Jaw branch was just formed this year and promises to be very active. The Regina and Prince Albert branches have been doing a great deal of Red Cross work.

E. VAN VALKENBY,
Secretary.

VANCOUVER GRADUATE NURSES' ASSOCIATION.

Madam President and Members of the Canadian National Association of Trained Nurses:

I beg to submit the following report of the work of the Vancouver Graduate Nurses' Association for the past year:

Since February, 1915, the Association has contributed $5.00 per month to the Canadian Patriotic Fund; this is collected by 10 cents from each member at the monthly meetings, the balance coming from the general fund.

In November, 1916, the Association adopted a prisoner of war and are paying $5.00 per month towards his maintenance. The money is collected in the same way—10 cents from each member at each monthly meeting, and the balance made up from the general fund.

A bed has been subscribed for for the Military Hospital in Vancouver, each member subscribing $1.00 towards the $60.00. This equipped the bed with linen, etc.

Throughout the winter months the members have met on an average of once a week to make surgical supplies. Dressings, bandages and socks have been the principal work. Three bales of dressings, etc., in all have been made and sent, and over one hundred pairs of socks.

Committees have been appointed to secure advertising, subscriptions and items in general for the Canadian Nurse Magazine, which have been quite successful; and the Programme Committee arranged a splendid series of lectures, which included art and music as well as medical matters.

The years' work, on the whole, may be considered a successful one.

All of which is respectfully submitted.

RUTH P. JUDGE,
Secretary-Treasurer V. G. N. A.

Vancouver, B. C., May 26th, 1917.

REPORT OF THE EDMONTON ASSOCIATION OF GRADUATE NURSES.

Never before in its short history has the Edmonton Association of Graduate Nurses so little to report. The year has been an uneventful one in-

sofar as the activities of the Association have been concerned. We have dwindled from a fairly large organization to one of twenty-five members. Since March 15th, 1917, fifteen of our members have gone overseas. Many have taken positions in the small hospitals in the prairie districts, and some are serving in the Military Convalescent Hospitals throughout the Province, three going as far as Balfour, B. C. While we have no special Red Cross circle, all work in some branch of Red Cross work. Our members have always responded well to the call for nurses in the outlying districts, though in many cases the hours are very long—one nurse in particular reporting eighty hours' duty with what sleep she could catch between times. However, as she cheerfully stated, some one had to do it. We gave, during the past year, $35.00 to the Returned Soldiers' Fund, and we give each month $5.00 to the Y. W. C. A. Travellers' Aid. We are endeavoring to keep up the standard of nursing in Edmonton by admitting to our membership only Registered Nurses.

Respectfully submitted,

ALICE EVANS,
Secretary.

GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Weston, Ont., June 22, 1917.

Madam President: As Secretary of the Ontario Association I have pleasure in reporting for the Associations not directly affiliated with the Canadian National, but indirectly through the Provincial Association.

There are seventeen of these Associations, and eleven reported, viz: Alumnae Association of Hospital for Incurables, Toronto; Florence Nightingale Association, Toronto; St. Luke's Association, Ottawa; St. Joseph's Hospital Alumnae Association, Chatham; the Wellesley Hospital Alumnae Association, Toronto; Toronto Free Hospital Alumnae Association, Weston; Sarnia Graduate Nurses' Association, Sarnia; Alumnae Association Guelph General Hospital, Guelph; Kitchener and Waterloo Graduate Nurses' Association, Kitchener; Owen Sound General and Marine Alumnae Association, Owen Sound; Hotel Dieu Alumnae Association, Windsor.

All these Associations report an increased interest in nursing affairs and much Red Cross work accomplished. There appears to be a growing interest in the "Canadian Nurse," at least to the extent of willingly giving some financial support, and some of the Association Secretaries have promised to endeavor to interest the members in a more general way. All but one Association reports members on active military duty.

All of which is respectfully submitted.

G. MacP. DICKSON,
Secretary G. N. A. O.

REGISTRAR'S REPORT OF THE CALGARY ASSOCIATION OF GRADUATE NURSES

We have now on our books, as members of the C. A. G. N., 118 fully-qualified graduates; 28 have gone overseas; 54 are in permanent positions. The nurses supplied through the Registry have been as follows: From June 1st, 1914, to June 1st, 1915, 252; from June 1st, 1915 to June 1st, 1916, 317; from June 1st, 1916, to June 1st, 1917, 579. During the past year 34 hospitals have been provided with nurses for relief work or permanent positions.

The C. A. G. N. holds a meeting on the second Thursday of each month for business and round-table discussions or lectures from different Calgary doctors.

All members who have left for overseas are being retained on our books, exempt from fees until their return.

For over two years the C. A. G. N. has worked faithfully for the Red Cross, meeting once each week. They have made a large quantity of surgical dressings, sheets, pillow cases, etc. They also have a knitting circle in connection with the Red Cross.

GRACE TURNER,
Secretary.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES, WINNIPEG.

Madam President and Members of the Canadian National Association of Trained Nurses:

I have the honor to present the report of the Eligibility Committee. On February 14th I received a letter from your Secretary, enclosing two applications for membership in your Association. The first was from the Alberta Association of Graduate Nurses, asking information with regard to affiliation fees, which was duly forwarded. The second was from Miss Purves, Lady Superintendent of the Portage la Prairie General Hospital, whose credentials seemed satisfactory and who was eligible for individual membership. As she had not registered in Manitoba, she was not a member of the Manitoba Association of Graduate Nurses.

A communication was received from Miss Furgie, of Guelph, who was advised to become a member of the Ontario Graduate Nurses' Association, which is already affiliated with the Canadian National Association of Trained Nurses.

All of which is respectfully submitted.

A. E. GILROY, R. N.,
Convener of Eligibility Committee.

June 10th, 1917.

REPORTS READ AT THE ANNUAL MEETING IN MONTREAL, 1917

Collingwood General and Marine Hospital Alumnae Association, read by Secretary.

Grace Hospital Alumnae Association, Toronto, read by Miss Jewison.

Kingston General Hospital Alumnae Association, read by Mrs. Martin.

Montreal General Hospital Alumnae Association, read by Miss Conor.

Toronto General Hospital Alumnae Association, read by Mrs. Aubin.

Royal Victoria Hospital Alumnae Association, read by Miss Hersey.

Toronto Western Hospital Alumnae Association, read by the Secretary.

Victoria Hospital Alumnae Association, London, read by Miss Forsythe.

Graduate Nurses' Association of Alberta, read by Mrs. Armstrong.

Graduate Nurses' Association of Nova Scotia, read by Mrs. Bligh.

Graduate Nurses' Association of Saskatchewan, read by Mrs. Van Valkenburg.

Graduate Nurses' Association of Vancouver, read by Mrs. Johnson.

Graduate Nurses' Association of Edmonton, read by Mrs. Armstrong.

Graduate Nurses' Association of Ontario, read by Miss Dickson.

Graduate Nurses' Association of British Columbia, read by Miss H. Randal.

Graduate Nurses' Association of Manitoba, read by Miss Johns.

Graduate Nurses' Association of Calgary, read by the Secretary.

Canadian Society of Superintendents of Training Schools for Nurses, read by Miss Randal.

Canadian Nurses' Association of Montreal, read by Miss Phillips.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES, WINNIPEG.

Madam President and Members of the Manitoba Association of Graduate Nurses:

In presenting to you the third annual report of this Association as an Association of Registered Graduate Nurses your Secretary has great pleasure in reporting a steady and continuous progress. In spite of the fact that, on account of the war, the year has been one of strain and stress and increased activity in so many other directions, the membership has increased and the attendance at the meetings has been uniformly good.

Owing to the waiver being lifted in July of last year, our number of nurses registering is much larger than during the two previous years, some hundred and three nurses having qualified for registration; fifty nurses se-

cured their registration by writing off their examination at the University. Altogether three hundred and ninety-six nurses have qualified for registration and three hundred and eighteen diplomas have been issued.

During the year the Board held five regular meetings and two special meetings; the Association held seven regular meetings, of which the following is a short account:

The April and May meetings were very busy indeed, making plans and arrangements for the coming convention of the Canadian National Association of Trained Nurses to be held in June, the first time such a convention had planned to meet in the West. At the April meeting a resolution was presented to our Association from the Local Council of Women concerning a movement of the Salvation Army—that of bringing to the British Dominions five thousand widows with ten thousand children. Our Association endorsed the resolution of a sub-committee of the Local Council of Women. We also endorsed the resolution that Tag Days be held only under the endorsation of the Civic Bureau. At the September meeting we discussed our appointing a committee of three to represent our Association in publishing of the "Canadian Nurse." The feeling of the meeting was voiced in a motion that our Association write the Central Association that we were opposed to a nurse soliciting advertisements, but that our Association would assume charge of its part. We had as our guest at the September meeting Nursing Sister Hood; she addressed the meeting, giving an interesting account of the work overseas of our nurses and doctors. A motion was made that we provide two beds in the Ramsgate Hospital, or wheel chairs, if these were more necessary.

At the October meeting we decided to send to each of our Registered Nurses from Manitoba overseas the "Canadian Nurse" for a year, also a card of announcement.

At the January meeting several different subjects were dealt with in the way of recommendations presented to us from the Local Council of Women, namely: A recommendation concerning moving pictures was endorsed; the recommendation was that the public have a right to repeal the report of the Censor Board. We also endorsed the recommendation re the mentally deficient.

Our Association endorsed the recommendation of the Local Council of Women in the amendments proposed to the present law by the Political Educational League with reference to:

(1) The Intestacy Act.

(2) In regard to illegitimate children.

(3) That women should have the same right to hold municipal office as men.

(4) That the wife should also have a claim on the homestead.

(5) To give the mothers equal rights in regard to the guardianship of children.

At the February meeting we appointed a committee to meet and provide assistance and maintenance, if necessary, for any of our nurses who might be returning from overseas duty. At this meeting a letter was read from the Local Council of Women concerning a resolution from the Montreal Local Council of Women, but our Association did not feel prepared to endorse such a resolution, and the following was moved and carried:

"That the Manitoba Association of Graduate Nurses places itself upon record as being in favor of steps that may be necessary to be taken by the Dominion Government to provide the necessary support from Canada. But until there is conscription of wealth and registration of women power in the Dominion, and until the women of Canada have shown themselves ready to make every sacrifice, then, and not till then, are we as women prepared to ask for conscription of man power."

A monthly contribution was also voted to the Prisoners of War Fund and to the Red Cross.

Respectfully submitted,

I. LAIDLAW.

The above motions were put and seconded by Miss Kinder, of Toronto, and the reports were declared adopted.

MISS GUNN: I would like to say that Miss Locke, being on the Nominating Committee, gave me these blanks to use for the election. Since these were adopted, of course, some names have been added, so that in writing out these blanks—the space after the President has been left blank, then the First Vice-President—I think one name has been added. The blank as it stood before had Mrs. Brown as Vice-President. The nominating blank has to stand as it was yesterday. You have already seen it and probably know how you are going to vote. If in entering up your blanks you draw a line through the name for whom you are not voting you will have the name standing for whom you are voting. If you find on the blank that the name is not written, or that those that were added yesterday are not on this blank, you have to add them yourselves in writing; so if you will cross off every nomination that you are not endorsing you will have remaining on the list those for whom you are voting. I think that is quite clear. Of course, in the councillors, Mrs. Bligh's name is not down here. Then at the bottom of the blank there is a blank, "The name of the organization." Write in the organization for whom you are voting. Then underneath that is the number of votes. Be careful to put down the number of votes on the bottom when I tell you how many votes you have, so that when the scrutineers get these blanks they will know the number of votes of each organization and can check it up with the book.

Mrs. Aubin and Miss Ewing were appointed as scrutineers.

MISS GUNN: I heard some discussion yesterday which, I think, probably is not understood. A good many Associations, in sending in their nominations for officers to Miss Locke, have sent in a great many with the exception of the office of President. In compiling the Nominating Blank the Nominating Committee selected only those names who were nominated by the greatest number of organizations. If they had put down the name of every nurse nominated we would have a blank that would be impossible to vote on, so that only those whom the Associations apparently wanted on the blank were put on. I think we had easily fifty nurses nominated for Councillors. They were not put down at all, because they were only nominated by one organization, and these officers were nominated by eighteen or twenty organizations, so that if any of you sent in names and they are not on the blank, that is the reason for it.

MRS. R. BRYCE BROWN: There are thirty-seven societies, and thirty of them are represented here today. We had nine individual members, and five of them are here to vote this morning. This is the most representative meeting we have had since I have been President. Yesterday we did not take the Committee on the Revising of the Constitution and By-Laws and the Incorporating of the Association. Last year they appointed me to do that, and the Association decided that they would become incorporated. Through some mistake I did not remember I was the Convener of that committee and Miss Gunn let me know later on in

the year, so I got right to work at it and spent some time at the lawyers, and finally discovered that there was no Dominion Act which allowed incorporation for societies such as ours. In talking it over with the lawyer, he said: "You don't want to change your Constitution. If you decide to incorporate, your charter will become your Constitution anyway." I wrote to Miss Gunn to see if she could find anything further than I could about incorporating the society, and she found out the same thing, that is, that we would have to have an Act of Parliament, and it would cost about $400.00. I am going to ask Miss Gunn to read the letter from the lawyer to show how little advantage it would be to us to be incorporated.

RITCHIE, LUDWIG & BALLANTYNE,
Barristers, Solicitors, Notaries, Etc.

Toronto, Canada, June 2, 1917.

Miss Gunn, Toronto General Hospital,
College Street, Toronto.

Dear Miss Gunn: Re Canadian National Association of Trained Nurses: Since discussing this matter with you at my office I have further considered the question of the advisability of incorporating the above-named Association.

I can see no benefit that the Association would derive from incorporation. The Association can enjoy practically all the benefits and privileges that it would if it were incorporated.

I may say that I am connected with a number of Associations, such as the Canadian Bar Association, Ontario Bar Association, and others. The Canadian Bar Association has a membership throughout the Dominion. We considered the question of incorporating, and concluded that it was unnecessary and inadvisable, having in view the expense which would be incurred to become incorporated.

I observe from the Constitution that the operations of the Canadian National Association extend throughout the Dominion of Canada. It apparently has members from all the Provinces. That being the case, if the Association decides to incorporate, it will be advisable to incorporate under Dominion legislation—under an Act of Parliament of the Dominion of Canada. Such an Act could not be procured at the present session of the Legislature.

The Government fees and costs of procuring an Act and preparing the necessary papers for the organization of the Association would amount to approximately $400.00.

I shall be pleased to give you any further information you may require.

Yours truly, M. H. LUDWIG.

There is a minute on our books that we should become incorporated. What is your pleasure?

MISS RANDAL: I move it be rescinded. The motion was seconded by Miss Phillips.

MRS. R. BRYCE BROWN: I think that is the only wise thing to do. We do not feel like paying $400.00, and in our present financial condition I don't think we ought to attempt to spend that amount of money.

The motion was declared carried.

The next is "Special Correspondence."

MISS GUNN: I think there is only one item that needs to be brought up. This is a letter from Peter H. Bryce of Ottawa. This letter

was received shortly after our return from the annual meeting at Winnipeg last year and I answered the letter. I understood it would be brought up at our annual meeting for action, but they started a year and three months before the meeting to stir up interest in it.

Ottawa, July 4, 1916.

Dear Madam: The enclosed letter has been prepared by the Committee of the Executive, and is being addressed to you with the hope that your Association will cordially approve of the suggestion contained in the circular letter and co-operate so far as possible toward the end sought. Be good enough to address your reply to the General Secretary of the Association, Mr. A. H. Burnett, City Hall, Toronto.

I remain, yours sincerely,

PETER H. BRYCE,
President.

Miss J. I. Gunn, Toronto General Hospital, Toronto, Ont.

CANADIAN CONFERENCE OF CHARITIES AND CORRECTION.

Miss J. I. Gunn, President Canadian National Association of Trained Nurses, Toronto General Hospital, Toronto:

Dear Miss Gunn: The next meeting of the Canadian Conference of Charities and Correction will be held at Ottawa in September, 1917, and will be a memorable one in many ways.

One of the most important points to be discussed is the proposed change of the present title of the Conference to that of "Canadian Conference on Public Welfare." This is significant of a profound change in the attitude towards social work as a whole. Instead of being considered a matter of "charity" or the bestowal of alms upon the inferior poor by the superior rich; or "correction," the forcing of morals upon the demoralized lower classes, it has come to be thought of as an effort to solve the problems that confront society from a broad, scientific, humanitarian point of view. This new interpretation of the functions of social work is nothing short of revolutionary, and the formal adoption of the new name of the Conference will make it plain that the new has, officially at least, triumphed over the old.

The problems which will face us at the conclusion of the present war will be numerous and clamorous. Within the next five years at least fairly successful solutions must be obtained for the following problems:

Immigration—Getting the proper immigrants to this country. Placing the proper immigrants in proper places.

Care and training of maimed returned soldiers. Care of war widows.

Social Legislation—Social insurance; mothers' pensions; child labor; unemployment, etc.

Care of the feeble-minded.

The wiser uses of our national and private resources.

Revitalization of rural society, including: The reorganization of the rural school; the creation of neighborhood centres in schools and churches.

The re-creation of our whole public school system: To give greater scope to child initiative and special abilities; to aid in the assimilation of incoming foreigners; both adults and children; the additional use of moving pictures; the more extended use of the school buildings and premises at all hours of the day.

At present the Conference has five working committees, as follows: Immigration, Social Legislation, Neighborhood Work, Public and Private Relief, Education for Citizenship.

It is evident that a mobilization of all interested in social welfare work must be effected in the near future. With that end in view the third day of the Ottawa Conference will be given up exclusively to a discussion and, if possible, planning for a permanent clearing house for all welfare organizations in the Dominion. The Canadian Conference of Charities and Correction is sending out urgent invitations to all outstanding national organizations to send at least seven delegates each to the Ottawa Conference, particularly to the meetings of the third day.

Such a meeting, coming in such times as these, cannot fail to stir the imagination. The impulse to serve our country is strong upon us now; it must not dwindle and fade away when service no longer means the destruction of a foreign foe, but, what is often even more difficult, the destruction of enemies within the confines of our own country. It will be for this Conference to draw up the plan of campaigning for the new warfare to be waged in Canada against poverty, disease and crime. We are sure you will send delegates to such a meeting with such an opportunity before it, and we count upon your early and favorable reply. Yours truly,

PETER H. BRYCE,
President.

A. H. BURNETT,
Secretary.

MRS. R. BRYCE BROWN: I think the Canadian National should send a delegate. We are asked for seven, Miss Gunn reminds me. I think we ought to ask that the new Executive undertake this. If we decide on it, a change in the Executive might make a difference. It would have to be somebody nearer Montreal, Toronto or Ottawa, so that it would be near enough to get there. I want to hear from the rest of you about it.

MISS DYKE: I would like to move that the Executive appoint as strong a delegation as possible to the Conference meeting in Ottawa in September.

MISS JOHNS: I take great pleasure in seconding Miss Dyke's motion.

MRS. R. BRYCE BROWN: I have as yet to appoint a committee to meet with Miss Randal's committee to draw up resolutions we are going to draw up this afternoon. Miss Stanley and Miss Branscombe will help Miss Randal's committee. We have not as yet touched the subject of whether we will send a Resolution on Conscription to our Government as to whether we are going to endorse their policy or not. It has been mentioned by several nurses to me, but not in the meeting. If anybody has anything to say on it we would be glad to hear from them.

MISS RANDAL: British Columbia sent in a Resolution something to that effect.

MRS. R. BRYCE BROWN: Every intelligent woman in Canada at the present minute has some opinion on this question. I think this organization should have something to say about it.

MISS ARMSTRONG: I think we should send in some expression. I know the Edmonton Association sent into the Local Council that we went on record as not wishing to oppose or hamper the Government in any methods they were using to bring the war to a successful issue. It was something like that, I think, we worded our Resolution on the ground of Conscription.

MRS. R. BRYCE BROWN: Miss Gunn says that the nurses of Canada are willing to be conscripted also, if necessary.

MISS RANDAL: Any resolution being brought in should be General Conscription.

MISS STANLEY: There are two ways, one of bringing that Resolution through the Committee and the other to present the Resolution.

MRS. R. BRYCE BROWN: Out of our thirty-seven members we have thirty represented here today. I don't think that any of our delegates have left since the voting, so that they are representative of Canada at the present minute and they all must know what their own Associations have been doing. Will somebody move that we leave this for the Resolution Committee.

It was moved by Miss Matheson, seconded by Miss Starr, of Winnipeg, that this matter be left to the Executive Committee to approve a resolution supporting our Government.

MRS. R. BRYCE BROWN: Is there any other new business that any member wants to bring up at the present minute?

MISS RANDAL: In connection with the care that is to be given to Graduate Nurses on their return from the front, a resolution was sent in to the National Council of Women, in convention in Winnipeg, by a member from Nova Scotia, regarding the pensioning of nurses, but we were able to convey to the National Council the fact that the pensioning of nurses only referred to C. A. M. C. nurses. A great many nurses going from Canada belong to the Queen Alexandra and the "French Flag" nurses, so that the National Council, in taking up the resolution, arranged it so that it would take in all Canadian nurses.

MRS. R. BRYCE BROWN: Miss Randal was at this meeting at Winnipeg. Did they do anything with that resolution?

MISS RANDAL: So far as I know these resolutions were all taken up the last day, and I was not there, but that was the way the thing was arranged.

MRS. R. BRYCE BROWN: These questions will probably have to be decided by their Executive. There are a good many Conveners of Committees to appoint. It has been customary heretofore to leave the appointment of the committees to the new Executive, because they know where the new meeting is going to be, and it makes a great deal of difference in appointing your committee where your meeting is going to be. It is better to have the Programme Committee in the city where you are going to meet, because they are going to meet with the Arrangement Committee, and in that way things do not have to be changed. This year we had to change our programme to meet our hosts when we came to Montreal. Both parties are prepared separately, and when you come together you have a feeling of absolute hopelessness, as we had in Vancouver, as to the best way to arrange our program, but if both committees were working in Montreal everything would be planned together. The Committee on Arrangement and the Programme Committee are two things that must be left entirely to the city where the meeting is to be held. Then there is the Publication and Eligibility Committee. These

are the four standing committees, but there are always a number of special committees. It seems to me the wisest plan is to let your new President have her own way in appointing new Committees. She usually knows which is the best one to place on these committees, so it seems to me it would be a kindness if she be allowed to appoint her own committees on her first Executive Committee meeting after the meeting of the National closes, as we have a committee meeting directly after the National closes.

It was moved by Miss Kinder, and seconded by Miss Dickson, that the President and the new Executive be allowed to appoint the new committees at the Executive meeting after the close of this section.

A vote being taken, the motion was declared carried.

Miss Gunn reminds me that we did not have time to discuss Miss Dyke's report on Public Health. This is one of the things we are all interested in, and we had but a very short time to discuss this matter when it was presented, and I am sure Miss Dyke would be glad to answer any questions anybody wishes to put to her. If there are any suggestions or any discussion on the work of this year, Miss Dyke will be glad to hear from you. I think we should give Miss Dyke the support of our interest. She was very definite as to who are Public Health Nurses, and I am sure there are a great many of you who were doing the work she classified when she was speaking yesterday. Miss Des Brisay tells me the Public Health Nurses from Montreal are not here this morning.

MISS DYKE: It would seem to me as though Public Health needs the support of the Provincial organization, but I would like to know if the different Provinces can give any reason for the isolation of some of the Public Health Nurses from the Provincial organization.

MRS. R. BRYCE BROWN: Public Health Nurses often feel that they are not interested in nursing work. I don't know why, because certainly they are giving their nurses to the public all the time. It seems to me they ought to be more interested and their time is usually specified. They are not like the Private Duty Nurse, who is here one day and then perhaps is gone for a month.

MISS RANDAL: In British Columbia they have really been our mainstay in organization. Mrs. Brown was our first President. She was in Public Health work, and they certainly were our best workers.

MRS. R. BRYCE BROWN: Can you tell us anything for Alberta, Mrs. Armstrong?

MRS. ARMSTRONG: The Public Health Nurses—I think some of them really don't know that they are Public Health Nurses. With the exception of two of the Victorian Order, we never had any of the Victorian Order join our Association. Every nurse that comes to our city, if she does not come to the Executive of the Association and ask, we write her. One nurse is not a member of the Association; she is an Old Country nurse, and the other nurse came from Montreal and did

not join our Association when she was there. She was asked several times. She was since married, and the nurse who took her place, just as soon as she got a School Nurse, dropped the Association. They had two police matrons who were faithful nurses of the Association.

MISS RANDAL: I think Mrs. Brown has touched the whole situation. We are apt to get into a rut, and I think we should take up the question of Public Health in broader ways and make the organizations known, and then we would be a great deal stronger.

MRS. R. BRYCE BROWN: I think every nurse should belong to her own Associations, and to the Local Council of Women. Miss Mackenzie worked hard to have a Committee on Nursing in each Local Council, so now the nurses are recognized. The first committee that was appointed in Westminster was to have a layman as Convener. They did not realize exactly what Miss Mackenzie's idea was, so somebody spoke to me, and I said: "If you read that again you will find you must have a nurse as Convener." So we got a nurse as Convener and we always have a nurse on that committee.

I suppose you will always have trouble getting the younger nurses to join the Association.

MISS DYKE: In Toronto the nurses must be eligible for membership in the Graduate Nurses of Ontario. The initiative is coming from the Health Department, not from the nursing bodies.

MRS. R. BRYCE BROWN: If we could make both organizations recognize our power we certainly would not have any difficulty in getting the nurses to become members.

We are to be entertained at luncheon to-day by Dr. Reddy, and he would be glad to have all the members present as his guests. Then the standard certificates will be returned this afternoon. We will not be able to have them signed until after luncheon. The meeting this afternoon will be at the Royal Victoria Hospital, where you will be entertained at tea.

I see we have Dr. McMurchy with us, and we would be glad if she would speak to us.

DR. HELEN McMURCHY, TORONTO: Madam President, I am sure I appreciate very much indeed the kindness of the nurses in allowing me to say a word to them. I do feel very much at home when I see my old friends around me, and when I saw that the Canadian National Association, and also the Superintendent, were having their annual meeting in Montreal, I had a great hope that I might at least have an opportunity of seeing some of you here.

In all the years that have elapsed since I last had the pleasure of attending one of the nurses' meetings in a semi-official capacity I need hardly say I have never forgotten the members of the Association, the warm friendships that were formed at that time and the pleasure that I had in working in association with the members of the profession. Of

course, that is a much deeper feeling than any special association at that time or since, because the nursing profession is part of the medical profession, and we always feel that you understand us and that we understand you better than anybody else, and, great as the appreciation of the work of the nurses now is among the general public, I think the members of the medical profession always have the feeling that nobody can appreciate your work as we can. We know what great help you are, how you have contributed to the advance of medical science, how we are able to save life or to prolong life or to alleviate suffering. We owe so much of what little we are able to do to the assistance we receive from you. Next to the feeling of pleasure and gratitude at seeing you all, I have sweeping over me a very keen sense of the great changes that have occurred in those years, not so very long when one looks back. The whole world had changed, and I would desire to say a word to you on that subject, to express to you my sense of the great dignity and glory that has been added to the nursing profession by the work of the military nurses overseas in all the parts of that far-flung battle line. Many members of your profession have, alas! paid the supreme sacrifice in as true a sense as any soldier on the battlefield.

Last year practically no lives were lost in torpedoed ships, but there were eleven nursing sisters whose lives were lost in torpedoed ships the year before, and I must congratulate the members of your Association on the fact that, excellent as the representation is here today, as the President has just said, you are represented in a more glorious sense still by your sisters who are working overseas. I miss Miss Wilson of the Winnipeg General Hospital. I know she is deep in duty. I miss the associates out of Miss Gunn's family in the gathering here to-day. We know where they are. On the next occasion, on the first assembly of this Association after peace is declared, we all expect to have the joy of seeing a number of members before us wearing the Royal Red Cross bestowed on them by His Majesty the King for services, and if I might be so bold as to make any suggestion to you, Madam President and ladies, it would be that I notice you are preparing to sign the roll in this Association, and that it will be suitably preserved, illuminated and framed and handed down to posterity as a memorial of what the members of this Association did in the great war. I understand your lists are about to be handed in to the President, so I will no longer try to take Miss Gunn's time, and I shall not try to bore you. The time is rapidly passing. If I were to say anything about the future, it would be that I would like to congratulate you on The "Canadian Nurse;" it is one of the few magazines I do not go to bed without reading the day it comes in. I am very glad to see that Miss Johns; and all the other brilliant contributors, including Miss Norcross of British Columbia, still continue their valuable work in this magazine, and I always used to give myself a holiday of half an hour when these contributions came in from those ladies in

the West, their contributions were so delightful. I am not making any insinuations against the East, because I belong there myself.

I consider it an honor to be for a few moments meeting with your Association, which binds the whole of Canada together. It is no small privilege to meet here those who represent Alberta, British Columbia, Saskatchewan and Manitoba, besides the members from Ontario and the splendid representation from Montreal and the whole of the Province of Quebec.

I looked with great interest and delight over your programme, and I said to myself: "There is the proverbial hospitality of Montreal. Montreal is flourishing as great as ever." Montreal is a delightful place for us to come to meet. You have here nurses who represent the Maritime Provinces, Nova Scotia and Prince Edward Island; they all meet together, and it is no small contribution towards that national unity which is the desire of every true Canadian.

Although I have said my last word, I cannot sit down without making reference to that great struggle which is in the background of every word that one says. There is no doubt in my own mind—I am quite sure there never was any doubt in the mind of any lady present—of the outcome of the war, however long it may last, however great may be our sacrifices, however serious may be the struggle, however much there is before us. God Help us! There is no one here—I do not believe there is a single nurse in the whole Dominion who does not know the interest your profession has taken in public affairs. I do not believe there is one in the whole Dominion who has not realized what this war means to us. I must congratulate you on what you have done to help bring the war to a successful issue, and wish you every success and a pleasant and successful meeting and a happy return to your own homes.

ELECTIONS.

The following officers were declared elected after the ballots had been taken by the scrutineers:

President, Miss Gunn; First Vice-President, Miss Fairlie, Montreal; Second Vice-President, Miss M. F. Gray, Winnipeg; Treasurer, Miss H. Des Brisay, Montreal; Secretary, Miss E. Johns, Winnipeg; Councillors: Miss Helen Randal, Vancouver; Miss M. Hersey, Montreal; Miss E. Gilroy, Winnipeg; Miss E. McP. Dickson, Toronto; Miss Jean Browne, Regina; Miss Florence Potts, Toronto.

MRS. R. BRYCE BROWN: I feel very much that the Association has done well in electing Miss Gunn as President. You are going to have a splendid President for the next year's work. Personally I am very glad for the National Association that they have given themselves the honor of having Miss Gunn as their President for the coming year. The two names that we have here to decide on are Miss Potts and Miss Retallack, and I would ask you, in voting, to remember that Miss Gunn

would like a quorum in Toronto. If she has Miss Potts she can get an Executive meeting. That is something I have not been able to do during my entire time, and I am sure you would find it a help, not only to your Association, but to Miss Gunn, if you gave her an Executive in Toronto. I think Miss Gunn would find it a great advantage if you would give her Miss Potts on this Executive.

It was regularly moved and seconded that a standing vote be taken.

The result of the vote showed twenty votes in favor of Miss Potts and seven in favor of Miss Retallack.

Miss Potts was thereupon declared elected.

It was moved by Miss Matheson, seconded by Miss Hersey, that a vote of thanks be tendered to the worthy President for her untiring work on behalf of the Association during the past three years.

MRS. R. BRYCE BROWN: Whatever I have done during the past three years has been done for my interest in the nursing world, and I am sorry, frankly, that in this election I have to be left entirely off your Executive, because I have always had a keen interest in the National Association since I have been a member, but this is one of the fortunes of war, and we do not nominate for more than one office at a time. I am sure your Association will go on very successfully with Miss Gunn at the head of your organization. I thank you very much for your vote of thanks.

The meeting thereupon adjourned.

AFTERNOON SESSION, FRIDAY, JUNE 15TH, 1917.

Session was held in Medical Lecture room of Royal Victoria Hospital. The President, Miss Gunn, presided.

The report of the Committee on Resolutions was read.

It was moved by Mrs. Branscombe, St. John, N. B., that a hearty vote of thanks be given to the following: Western Hospital, Children's Memorial Hospital, MacDonald College, Board of Directors Alexandra Hospital, Royal Edward Institute, Montreal General Hospital, Imperial Order of Daughters of Empire, Royal Victoria Hospital, Women's Hospital, Lord Shaughnessy (for transportation to Ste. Anne de Bellevue), and to the management of the Windsor Hotel.

Moved by Miss Gunn, Toronto, that a very hearty vote of thanks be extended to Miss Phillips and the Committee on Arrangements for their efforts in making the convention in Montreal so very pleasant.

Moved by Miss Stanley of London that a vote of thanks be extended to the retiring President and Executive Committee for the year's work.

The singing of the National Anthem brought the sixth annual meeting of the Canadian National Association of Trained Nurses to a close.

PAPERS READ AT MONTREAL CONVENTION, JUNE, 1917

1.—"Ethics of Nursing," Miss Elizabeth R. Scovil, R. N., New Brunswick.

2.—"Cleanliness of our Schools," Miss Jean Brown, Regina.

3.—"Child Placing," Miss Mary Stirrett, Toronto.

4.—"Military Nursing Overseas," Nursing Sister J. Scott.

5.—"Nurses' Work in Women's Institutes," Miss Kennedy, Victoria, B.C.

6.—"Midwives in Canada," by Miss Mary Ard MacKenzie, Ottawa.

7.—"Nursing Care of Women of the Prairies," Mrs. McNaughton, Winnipeg.

(These two papers are in the Minutes of the meeting, as a discussion on the papers followed.)

8.—"Hospital Relation to Social Service,"Miss Cole, Montreal.

(This paper was not handed in, as it had to be revised, and I have asked Miss Cole to mail it direct to the Secretary, Winnipeg.)

(Not received; to be printed later.—Editor.)

9.—"History of Nursing," Miss Snyder, Vancouver.

The Ethics of Nursing

(By Elizabeth R. Scovil, R. N.)

It is a source of great pleasure to me that you should have so kindly asked me to address this meeting of the Canadian National Association of Trained Nurses. When I look at this assembly and consider that it represents the trained nurses of Canada, my thoughts go back to the day, now nearly forty years ago, when I entered the Massachusetts General Hospital in Boston, to begin my training as a nurse.

There were then but few of us, and we strangers in the land, for at that time there was still a part of the hospital not under the care of the training school. This was the private ward where patients were too precious to be nursed by an experiment. An "experienced nurse," who lived outside in the city, came every night, as she had done for many years, to care for the patients, who had their own permanent staff of day nurses. We pupil nurses looked at them with some respect and wondered if we should ever be as efficient, hardly knowing that we were seeing the last relics of the old system which we were supplanting.

There were at that time only three training schools for nurses in the United States—the New England Hospital, Boston; Bellevue Hospital, New York, and our own at the Massachusetts General Hospital. Canada, of course, as yet had none. I have not the exact figures in my possession, but apart from statistics you can see for yourselves how the profession has grown in our own land. It is no longer necessary for Canadians to go abroad to prepare themselves for the work of nursing. I am told one large Canadian Hospital had more than 1,200 applications from would-be pupils last year. We are very proud that trained nursing has attained

the status of a profession. Exactly what does that imply? The dictionary says a profession is "any business or calling, engaged in for subsistence, not being mechanical." In those last words seem to me to lie the gist of the whole matter, the reason why trained nursing is superlatively entitled to be considered a profession and not a trade. It has to do not only with the bodies of suffering mankind but with the spirit as well.

Anyone who has investigated the beliefs of Christian Science knows that there is a modicum of truth underlying its assumptions—if it were not so the system never would have attained the proportions that it has achieved. The mind does have an enormous influence over the body, and no nurse can afford to disregard its influence if she wishes to secure the best results for her patients and acquire the utmost skill herself.

I remember a patient who was being treated for the morphia habit. It was being broken off by degrees; she withstood the desire for the drug as long as it seemed humanely possible to her, and, when she felt the necessity was too imperious to be resisted longer, she was given a hypodermic of sterile water, believing that she was having her accustomed dose. She slept late the next morning, soothed, as she thought, by the opiate. Every nurse knows of many such instances in her own experience. The whole use of placeboes is founded on this trait in human nature.

A nurse's duties are not purely mechanical. They cannot be done by machinery nor by a machine. They do not end with giving intelligent assistance to the physician, nor putting on a perfect bandage; not even with devising means to nurse critical cases comfortably in uncomfortable surroundings and supplementing the doctor's vague directions as to food and feeding with a well-balanced dietary and the proper administration of suitable nourishment. They include very often the ministering to a mind diseased, of which Shakespeare speaks, "when thick-coming fancies keep her from her rest." A physician, writing of his own experience in his serious illness, said the thing that he craved most from his doctors and nurses was the assurance that he would recover. Although he knew his own state to be almost hopeless, the fact that they seemed determined to pull him through and thought that he would live gave him courage to exert all his powers to struggle back to life, and he succeeded.

What, then, do we mean by the ETHICS of nursing? The word comes from the Greek, through the Latin "ethicus," and means manners, usage, the science that treats of morality; that which relates to human actions, their motives and tendencies. Deep-reaching and far-searching you see, not to be disposed of by any surface conformity to the customs of civility nor the exercise of any merely technical skill. It pertains to that high region, the realm of the spirit, where realities live.

It has been well said that ideals are realities, they are not a creation of the human brain. What we call ideals are not conceptions we have

imagined, they are realities we have discovered. Somewhere there exists that absolute fidelity, that unselfishness, that tenderness, that forbearance, that gentleness and strength, that courage and wisdom, that united in one would make the perfect nurse. Even if we cannot individually attain to it, that is our ideal towards which, perhaps with many faltterings and failings, we can still strive.

Every profession has its own body of rules and laws and a spirit which animates it. The medical profession has a high standard of honor; there are certain things which no reputable medical man will do, such as advertising himself or violating professional confidences.

The law has its own conventions—an honorable judge does not take bribes to influence his decisions; a lawyer is supposed to hold the interests of his clients sacred, though it might be to his own advantage to disregard them.

Our profession is the youngest of all, and it is we who are setting the standards and establishing its customs. Let us see to it that they are worthy ones. Our sense of honor should be at least as keen as that of the medical profession, with which we are so closely associated. "As trustworthy as a nurse" should be a proverb, a standard of comparison that would carry instant conviction.

It is the custom in some training schools to administer to the graduating pupils a modification of the Hippocratic oath. The original form was used in Greece several centuries before the Christian era, and was taken by physicians about to begin the practice of medicine. It was named after Hippocrates, the most celebrated physician of antiquity, who was born 460 B. C.

The modified version adopted for nurses is as follows:

You do solemnly swear—each one by whatever she holds most sacred—"That you will be loyal to the physicians under whom you shall serve, as a good soldier is loyal to his officers;

"That you will be just and generous to all worthy members of your profession, aiding them when it shall be in your power to do so;

"That you will lead your lives and practice your profession in uprightness and honor;

"That into whatsoever home you shall enter it shall be for the good of the sick to the utmost of your power, and that you will hold yourself aloof from all temptations;

"That whatsoever you shall see or hear of the lives of men and women, whether they be your patients or members of their households, you will keep inviolably secret, whether you are in other households or among your friends;

"If you accept these obligations let each one bow the head in sign of acquiesence.

"If you shall be true to your word, may prosperity and good repute ever be yours; the opposite if you shall prove yourselves foresworn."

If this oath were taken by each graduating nurse, what a high standard would at once be established for our profession to live up to. What is it that inculcates and that we each one for herself would promise to practice?—Loyalty, justice, generosity, uprightness, honor, fidelity. These are great words, the symbols of great virtues. If we are to do our duty in this responsible work to which we have given ourselves, we must acquire these virtues if we do not already possess them, or fall short of our high calling.

Let us examine them a little in detail:

Loyalty to the doctor in charge of our patient is not always easy. We come, perhaps, from a large hospital where the treatment is up to date and the most modern appliances are at hand to be used as a matter of course. We find the family physician, as we think, very much behind the times in his methods and not at all realizing how much might be done for the sufferer if he only were more wide awake. Let us remember, for our comfort, that in very many cases nature, if left to herself and only assisted by rest, warmth and proper food, will effect a cure, in spite of what seems to us culpable negligence. Let us beware of criticizing and above all, of weakening the confidence of the patient in his physician; it may be a serious hindrance to his recovery. In some cases nursing is more than half the battle, and we can redouble our own efforts that the patient may have every advantage that skilled care can give. If the doctor makes a mistake and, much as we hate to admit it, doctors are fallible and do this occasionally, the nurse should call his attention to it as tactfully as possible, but on no account mention it to the family, nor to anyone else. The loyal coöperation of the nurse with the doctor is essential to the best conduct of the case. His orders she has been taught to obey, but loyalty means more than this. Soldiers follow their officers unquestioningly; they may grumble a little privately, under their breath as it were, but they do not hang back in face of the enemy, for that would mean disaster. So the nurse tries to carry out the spirit as well as the letter of the treatment, and, knowing that the responsibility rests on the physician, gives him all the help that is in her power.

Justice is not popularly supposed to be a feminine virtue. Is it not rather a question of individuals than of sex? There are some women who have the breadth of vision and clearness of mind that enables them to see both sides of a case and to decide between them, and there are many men who do NOT have it. There always are two sides to a question, and if we are to be just we must remember this, even when we are most aggrievedly and determinedly sure that ours is the right side. The ability to see the opposite side and give it due weight is the foundation of justice. Those who have not this power should cultivate it as one requisite in performing their duties.

Generosity, ah! that is another matter. Woman is created to give, and she usually does give most lavishly—her time, her means, herself, to any object that especially appeals to her, be it friend, lover, husband,

children or profession. A selfish woman seems an anomaly, a departure from the common rule, an offence against nature. But who is it to whom we are to be especially just and generous? The worthy members of our own profession. Those of us who have done much private nursing know there are times when the temptation to break this promise is very strong indeed. When one succeeds a nurse at a case, for instance; or when one hears tales of a predecessor that make one feel she has forgotten the high principles in which she was trained, though she has not committed any very heinous sin. Wherever two nurses work together, this requirement should be borne in mind by both.

We should cultivate, too, that *ésprit de corps,* literally the spirit of the body, which should animate and bind together our whole profession. One does not criticize the members of one's family to strangers, and the fact that the person under discussion is a nurse, a member of our professional family, should incline us to take her part and suspend judgment until the defence can be heard.

As to material help in service, or money, most nurses are ready and willing to render it to one another when the occasion arises.

Amongst the multiplicity of duties that a nurse owes to everyone, there is one that she is very apt to overlook—her duty to herself. A nurse should do all in her power to preserve her own health and strength. Without it she is useless in her profession, her training is thrown away, and she becomes a care instead of being able to lift the burdens of others. We are in the world not for what we can get out of it, but for what we can give to it. There are occasions of emergency when a patient's life hangs in the balance, and a nurse is more than justified in putting aside all thought of self, just as she would try to snatch a child from danger, even at peril of life and limb. These do not come very often, and if in her daily routine she has been careful to care for her own health, she is ready to meet the strain without permanent harm. It is generosity run mad to destroy her own usefulness, which, properly husbanded, might have proved a blessing to others during a long lifetime.

Uprightness and honor. Do these words seem almost synonymous, to mean the same thing? They do, and yet there is a shade of difference which makes it well to include both in this Hippocratic oath, the keeping of which by the whole body of nurses would go far to establish the ethics of nursing on a firm foundation. Uprightness is absolute honesty, the inability to say or do an underhand, mean thing, integrity that cannot be corrupted by self-interest. Honor is dignity, the result of self-respect, a scorn of meanness, whether in one's self or another. Uprightness is an ingredient of character, something in the warp and woof of one's innermost being. Honor governs one's conduct to others; it is a rule of life. It is on this high plane that we are to lead our lives. These virtues are not a professional uniform to be worn only when on duty and cast aside as soon as we have finished a case. They are to animate our every action, public and private, in all our relations to others. If we are tempted

sometimes to swerve from this high standard, let us remember how far-reaching the effect of example is. We are all bound together by innumerable ties. One cannot do wrong without affecting the whole body. Our firm stand in some matter of principle may help in ways we shall never know a sister who otherwise would have fallen, and hurt not only herself, but the profession we love.

Does this seem to you a truism? It is, and yet a truism is only a fact that has been so often proved true it has become tiresomely familiar. The fact remains true, like "the commonplace sun in the commonplace sky that makes the commonplace day," and it does us no harm to be reminded of it occasionally, lest we accept it and do not act upon it. A nurse's word should be sacred; as binding as any form of legal obligation that can possibly be written. A promise must be kept unless illness makes it impossible to do so; an engagement should never be broken without the consent of the prospective patient, except for the same reason. You remember that in that ancient Book, which in spite of all Higher Criticism is still our best guide to conduct, the Psalmist honors the man who "sweareth to his own hurt and changeth not," or, as the Prayer Book version has it, perhaps more appropriately for us, "who sweareth unto his neighbor and disappointeth him not, though it were to his own hindrance." Any material benefit one may gain does not count a feather's weight in comparison with the loss of honor that comes with breaking one's word.

The last two clauses of this obligation refer especially to our duties to our patients. I think most of us, whether in hospital, or private house, try to render service that shall be for the good of the sick to the utmost of our power. There may be times when negligence or ignorance hinder us, the weakness of our mortal nature getting in the way, but there are few of us who do not try conscientiously to give our best skill to relieve the sufferers in our care. If there are any who do not, this part of the Hippocratic oath may cause them to realize that they have mistaken their vocation and had better seek some other calling, if there is any such, where faithfulness is not an essential.

The mischief that can be done by indiscriminate talking can hardly be exaggerated. It is not peculiar to nurses, but is emphasized here because of their special opportunities to do harm. In time of illness not only the patient but the whole household is off guard. Secrets that at other times are closely kept are laid bare to the eyes of the nurse. Shall she betray them? You say, instinctively, "No, of course not." Yet a careless word to someone outside may give the clue without which the scandal had never spread. We all take a healthy interest in each other's affairs. Personalities are to many of us the most interesting form of conversation, and this is perfectly natural, because, as a rule, persons are more interesting than things. Are we, then, to be prohibited from talking about them altogether? Do you know the derivation of gossip? It comes from the Anglo-Saxon "Godsibb," related in God, as a sponsor

in baptism. Has it not fallen from its high estate? If we restore it to where it came from, and when we gossip about our patients, say only those things that one member of God's great family should say about another, we shall be safe. Those of us who cannot trust ourselves to discriminate must be silent about our former patients, lest we injure them and discredit ourselves. Make it a positive rule always to believe the best. Do not condemn hastily, and if your best judgment is a severe one, keep it most scrupulously to yourself. You will never be called to account for the harsh word you have not said. Sometimes when you are engaged on a long case you become very tired of the monotony; the mental atmosphere surrounding you is uncongenial, the idiosyncrasies of the patient are tiresome, the peculiarities of the friends are annoying, and yet your dissatisfaction is not great enough to make you wish to give up the case. Is there a remedy? Yes, but it lies with yourself. You are out of correspondence with your environment; there is constant jarring, and friction wears out machinery much faster than double the amount of smooth running. If you cannot change your environment, change your outlook. Resolve to see these petty annoyances in their true proportion, not as mountains, but as molehills. Bring your sense of humor to bear on the situation and try to salve these daily irritations with a little kindly tolerance. It is not the thing itself that matters—ever—it is our attitude towards it, and that is in our own power.

This remedy acts as well in the hospital and the training school as in the private household. Try it, those of you who are in charge of wards and have assistants and probationers to deal with who, you think, would make Job lose his halo. They are really only girls trying, each in her measure, to acquire the skill that is now second nature to you. Alter your point of view and your eyes will be opened

We are very slowly learning to treat in a more ethical manner the problem of the education of our nurses. For many years the training that a pupil received in a hospital was entirely secondary to the requirements of the hospital. She was there apparently for the sole purpose of nursing the sick; incidentally she acquired skill in so doing and received a certain amount of instruction to render her more efficient. The duty to which she was assigned was considered principally from the standpoint of the necessities of the service, with little reference as to whether she required that particular experience to round out her training. Of course the sick must be nursed excellently, superlatively well; that is the end and object of our training, but in order to attain it the pupil must have a well-balanced curiculum in clinical as well as in theoretical instruction. Those in authority are beginning to feel that a young woman who offers herself for a three years' course in hospital work has rights akin to those of a student in a college, and that these should be taken into consideration in utilizing her services.

Fine sentiments are noble and inspiring, eloquent words tell of what we hope to do and would like to do. Has our profession any con-

crete evidence of deeds done to show that our ethical standard is high and that we do try to live up to our ideals?

Hear what the London *Daily Telegraph* has to say on the subject:

"The story of the nurses' part in the war constitutes a fresh page in the annals of a race which is not without its glorious memories. This war has submitted British womanhood to the test of a storm of fury unparalleled in the history of the world. How magnificently the nurses have stood up against this blizzard of hatred, the fruit of increasing despair, the official records of the Matron-in-Chief of Queen Alexandra's Imperial Military Service could reveal. But the organization maintains a silence comparable with that which the Navy has relentlessly imposed upon itself, only very occasionally and partially is the veil lifted to reveal a little group of nameless heroines, pathetic and yet majestic figures, confronting, unmoved by personal fears, horrors calculated to make strong men blench."

I can give you an even more intimate glimpse than this from a private letter from a nurse who has done strenuous work from almost the beginning of the war in a large base hospital. "You can't imagine what an absolute happiness it is to work for those sweet, patient boys. Such courage and thoughtfulness for others as they almost invariably show when suffering indescribable tortures. It is almost super-human their endurance, and to work for them is just a privilege. As for honors, it is awfully nice of you to wish me to have mention, but we sisters don't think much of them over here. Of course it is nice for one's people, but unless you have done something deserving of them one would rather not have them, and for me I would be ashamed to receive anything of that kind when so many who have done such wonderful work have not been recognized; many of them having given their health and some their lives. Our hospital has been mentioned several times in dispatches for its good work, and that is the best honor of all." As for the work done, she says: "We had 1,400 beds last summer and only 73 nurses, and some ill always. In the operating room sometimes as many as 80 major operations in one day; four tables going all the time, and only four sisters. Once in 48 hours we admitted 1,200 patients. Death is so close to life, only the essentials of life seem to matter now."

Does not that simple heroism in the face of daily, unremitting toil and danger, stir one like a call to battle?

A vivid illustration of what would be the result of the loss of ideals and the discarding of the ethics of nursing as a useless encumbrance may be found in the behavior of certain of the German Red Cross nurses towards the British wounded. The Swiss correspondent of the London *Times*, writing from Berne, is responsible for the statement, made, it is said, by scores of British soldiers of all ranks released from German prison camps. On the long journey of the wounded through Germany it was common for these women to tempt the men, in the last extremity of hunger and thirst, by holding out food to them and then snatching it

away. Many of the wounded begging for water, had coffee, water and soup tendered to them, and at the last moment the nurse would spit in the cup or glass; or a glass of water, after being offered, would be poured slowly on the ground. The nurses not only refused to attend the British wounded, but insulted them and spat on them. Frequently they even struck, or kicked a bandaged limb in order to give pain. It is earnestly to be hoped that these women were not trained nurses. Surely they cannot represent the spirit of the whole body of German nurses. It was Germany that gave to Florence Nightingale the early instruction that she could not obtain at home, although her biographer tells us that she objected strongly in later years to the current statements that her own training was confined to "Kaiserswerth." "The nursing there," she wrote, "was NIL. The hygiene horrible. The hospital was certainly the worst part of Kaiserswerth. I took all the training there was to be had—there was none to be had in England, but Kaiserswerth was far from having trained me." She really served her apprenticeship in Paris, at the Maison de la Providence, managed by Sisters of Charity, to which was attached a hospital for aged and sick women.

Our profession has its saints and martyrs—black letter saints, perhaps, even those who have never been canonized by the Church, but none the less saints. We are too near them to see them in their true proportions, for their human weaknesses have not faded out of sight and been obscured by their shining virtues, as is the case with the olden saints whom we gaze on from afar. If we had lived with those, or even in their day, we should have known of many flaws which have been mercifully hidden from us by the splendor of their characters.

This frightful war has given us our opportunity of transcendent service, and we, as a body, have risen to it.

Think of the nurses on the British hospital ship "Anglia," who, when the ship was torpedoed, refused to enter the lifeboats until their patients were in safety, one of them saying, "No, Tommy, wounded first." Only one nurse was officially reported lost, but all were ready to sacrifice their lives and nearly lost them.

Lady Ralph Paget, who had been nursing in the Red Cross Hospital at Uskub, Serbia, rather than desert the wounded in her care, refused the opportunity to escape from the city before its capture by the Bulgarians. Her husband came from Nish in a motor car and implored her to return with him to safety. She remained behind and was taken prisoner.

A party of British nurses retreated from Serbia with the Serbian army across the snow-covered mountains of Albania. They encountered a blizzard while crossing a mountain 8,000 feet high and endured great hardships from cold and hunger, nearly losing their lives.

There are thousands of unrecorded instances of superhuman sacrifice and self-devotion that will never be known. Long hours of tendance on sick and wounded and dying amidst many unavoidable privations. The

cheerful endurance of conditions that the nurses did their best to remedy for their patients. The courage, the resourcefulness, the unwearying watchfulness, when fatigue taxed human nature to its utmost. All this, and much more that cannot be told, stands to the credit of our nurses in this terrible struggle between despotism and liberty.

"What shall I do to be forever known?
Thy duty ever.
This did full many who yet sleep, unknown,
Oh, never, never!
Think'st thou, perchance, that they remain unknown
Whom thou know'st not?
By angel trumps in Heaven their praise is blown,
Divine their lot."

You all know of the order of the Royal Red Cross that King George instituted for the decoration of nurses, to be awarded for special service to the sick and wounded of the army and navy. The nurses receiving the Red Enamel Cross of the first class are entitled to use the letters "R. R. C." after their names. On the arms of the cross are the words "Faith, Hope, Charity," in the centre a portrait of the King, on the reverse side the royal cipher and crown. The nurses to whom the second class decoration is awarded are known as Associates of the Royal Red Cross. Their badge is of frosted silver with a Maltese Cross of red enamel in the centre. Many nurses have received these decorations, but there are many more, who perhaps deserved them equally, whose work being unnoticed, did not obtain this recognition. It may be said of our great army of war nurses, as was said of the Canadians at Vimy Ridge, each one deserved a Victoria Cross.

When we speak of heroic nurses our thoughts turn instinctively to that noble woman, Edith Cavell, who, on October 13th, 1915, was executed at Brussels by the order of the German Government. What was her crime? She was charged with harboring British and French soldiers and Belgians of military age, and assisting them to escape to join their colors. The American Ambassador urged in her behalf that she had nursed the German soldiers as well as those of the Allies, showing no difference between them. An Amsterdam correspondent said she had long been suspected by the Germans, but had refused to leave the city as long as there was a single wounded man left in Brussels, saying that duty compelled her to remain where there was suffering. A Dutch newspaper said: "She was one of the great martyrs of the centuries."

In her last interview with the clergyman who attended her a few hours before her death, she said: "I wish my friends to know that I willingly give my life for my country. I have no fear or shrinking. I have seen death so often it is not strange or fearful to me." When the clergyman said good-bye to her she smiled and said, "We shall meet again."

It is not given to all of us to be martyrs, but is not the serene courage of this great soul in the presence of death an inspiration to us who, in the course of our daily duty, are so often brought face to face with it? How shall we regard it? How shall we bear ourselves towards it when, as so often happens, we see it approaching the patient we are striving to hold back from it?

We must apprehend its true nature before we can determine our attitude towards it. Death is only an incident in life. It is not the end of all things, but the beginning of a fresh phase of existence. Never mind theological dogmas, or ecclesiastical pronouncements about things which no mortal knows, or can know, until he, too, has passed beyond the veil. Let us reason from analogy. We know the familiar examples of the butterfly emerging from the chrysalis, the leaves from the dry twig, the green shoots from the hard seed—all miracles, but so common we have ceased to look upon them with awe. Throughout nature the germ of a new life is in everything that has once lived, and why should man be the exception? He is not. With us the body drops away, leaving the spirit (the germ of the new life) to pursue its course, free at last to develop, under changed conditions, into the perfection it could not attain here.

When the violinist breaks his bow, we do not say the musician is dead. We know that, given a new instrument, he can again bring forth the strains that speak to us of love and parting and sorrow, of re-union and joy, and conquest, and make our heart strings vibrate with his melody.

In death we lay aside this outworn instrument, the body, that can no longer answer to the needs of the spirit within and go on, in the words of the Apostle, "to be clothed upon with immortality."

Keeping this high conception before us, need we fear death for ourselves or others? The one thing that concerns us is to see that no base action, no wilful departure from duty, no selfishness, no unkindness shall mar the character that we are to take with us. We shall not then fail either in our duty to ourselves or others. Our profession calls for the best that is in us. Shall we not give it ungrudgingly? As we do so we keep alive in it that ethical spirit without which it would degenerate into soulless drudgery.

The Cleanliness of Our Schools

(By Jean E. Browne, Director of School Hygiene, Government of Saskatchewan)

The "Cleanliness of our Schools" is a topic which should be of absorbing interest to all good citizens of Canada; nevertheless, it is a subject which, I fear, has been left very much in the background when matters of common weal have been under discussion.

The environment and training of a child during the school period are factors which stamp themselves indelibly on his whole career. Sir Robert Baden-Powell says that the war will be decided twenty years hence, for the reason that true victory will lie not so much in the actual tactical gains on the battlefield to-day, as in the quality of men and women who have to carry on the work of the country after the war. There can be no truer patriotism or better citizenship than that which focuses on the improvement of the environment of the school children of Canada.

There are three main phases of "Cleanliness" which we should consider—the personal cleanliness of the pupils, cleanliness of the air, and the cleanliness of school buildings and outhouses.

The education of a child who leaves the Public School without having learned the lesson of personal cleanliness has fallen far short of its mark. Education means teaching a child how to live, not how to pass examinations, and I believe that we are now entering upon an epoch in which this fact is being recognized by educational authorities.

Towards this end I should recommend a definite course in Hygiene, beginning at Kindergarten or Grade I, and extending up to Grade VIII. In the Junior grades, the children should be taught the value of personal cleanliness, and this should be absolutely insisted upon by the teacher. From the purely pedagogic point of view this is a necessity. The best teaching is lost on a child who has not self-respect, and slovenly habits of mind are the natural complement of slovenly physical habits.

In our new city schools, equipment has been installed which makes it easy for teachers to insist on the practical application of their lessons in Hygiene. In three of the schools in the city where I have worked for the past six years, children are sent down once a week for their shower-bath unless the parents testify that they have waterworks at home and do not wish their children to receive a bath at school. These exceptions are rare, as most of the children take great delight in the bathing period. The teacher accompanies the girls, and the janitor looks after the boys. Rubber coats and caps are supplied for this purpose. This system, of course, cannot obtain where waterworks have not been installed, but even the smallest little rural school can have equipment for the washing of hands, face, neck and ears, and orange-wood sticks can be provided for the care of the nails. After prolonged and rigid enforcing of these measures at school, it will be found that a good habit is formed, and after a time the children come to school clean. Think of the leavening influence of the schools upon the immigrants who come to us! I could show you neat, self-respecting boys and girls in Regina to-day who came here from Europe six years ago in what looked like an almost impossible condition of dirt and skin diseases. This influence extends to their homes, and in the course of a few years you see filthy hovels transformed into clean and fairly comfortable homes. The influence of a high standard of personal cleanliness of pupils insisted upon by teachers is incalculable

in its effects of better health, higher mental attainmetns and cleaner morals.

Clean clothing must be insisted upon. Of course, some mothers enjoy sending back indignant notes much more than washing up; but when it is found that clean clothing is insisted on at school, remonstrances subside and the children are sent to school clean. From the standpoint of contagious diseases alone, this is a splendid preventive measure.

I need not enter into detail here as to the value of clean teeth among school children. It is an accepted fact that, all other things being equal, the child with clean teeth has a much better chance towards maintaining perfect health than the child whose mouth contains continually particles of decaying food. Many children are not taught Oral Hygiene in their homes, and, if they learn it at all, it must be at school. Resourceful teachers devise plans of stimulating the desire to actually practice the care of the teeth. Some teachers I know make a habit of taking a "cleanliness survey" at the beginning of each day, and where this habit is practiced persistently and with a certain amount of enthusiasm the results obtained have been wonderful.

Every school teacher should be expected to be able to detect Pediculosis. A form, outlining the treatment, should be supplied to each child who is sent home when found to have Pediculosis. The child should be examined again on his return to see if the head is entirely free of nits.

Placing the responsibility for the personal cleanliness of pupils on the teacher may seem like adding another burden, but the teacher with broad vision will see that there is no subject on her curriculum which can be as beneficial to her pupils as this practical and personal teaching of Hygiene. It is gradually beginning to filter through the minds of educators that every child-mind that ever came to school came in some kind of body, and that the kind of body in which it came determined very largely the degree of mental attainments.

Every state which enacts compulsory education should also compel school boards to provide clean air in clean buildings for their school children. The problem of clean air is the problem of getting rid of contaminated air. This may be secured in dwelling-houses by the opening of windows, but this method is insufficient for school-rooms. There are many systems in use, from the one where the fresh air is heated and washed and then propelled into class-rooms by means of an electric fan, the contaminated air being expelled through shafts by the use of a motor on the top of the building, to the very simple one of the jacketed stove which we find in our rural schools. It would, perhaps, be a revelation to know how many class-rooms in this country are without even the fresh and foul air shafts of the simple jacketed stove system. In such cases they have to depend on open windows, and in most cases they are not open. At any rate, in a climate such as we have in Western Canada, it

is impossible to keep class-room windows open long enough in winter time to secure anything like efficient ventilation.

In the past, the cleaning of a school house was regarded as work of such ordinary character that a discussion of it would have seemed a waste of time. Acutally, however, we know that janitors do not, as a rule, maintain housekeeping standards; that schools are swept so soon after dismissal that teachers and detained pupils get out through a storm of dust; that sweeping and dusting are mostly dry. Sometimes the health directors of a large system do not give personal attetnion to this matter. I remember, shortly after organizing the school health work in Regina, writing for information regarding the cleaning of schools in a large Eastern city, and the reply I got was that this was left with the janitors. We all know that unless janitor service is standardized, it comes far short of the mark of real cleanliness, but most janitors are willing enough to use proper methods and materials if given definite instructions.

The following plan for cleaning schools is entirely practicable and can be carried out effectively by two day-janitors for a school of twenty rooms, with the additional help of three scrub-women on Saturdays.

1. The best fumigating agent is a solution of Wescol 1.300, used in a fine spray on walls, furniture and floor.

2. For sweeping purposes, a push-broom with an oil tank attached should be used, one about 12 inches wide for sweeping under the desks and one about 30 inches wide for sweeping the aisles. Kerosene is used in the tanks. A duster soaked over night in a solution of Chrysolite should be used for dusting the furniture in class-rooms and the banisters in the halls. Cheesecloth should be used and renewed twice a week.

A special brush soaked in Chrysolite should be used for dusting between the railings of the stairs.

A special brush soaked in Chrysolite should be used for dusting between the divisions of the radiators.

Class-rooms should be scrubbed once a week; kindergarten rooms twice a week. The halls and stairways should be mopped twice weekly.

3. The hose should be turned on the basement floors once a day. Where basement floors will not admit of this, they should be fixed so that drainage may be secured into the trap.

4. Where walls of basement are whitewashed, these walls should be freshly whitewashed three times a year.

5. All class-rooms should be freshly kalsomined once a year.

6. Seats of lavatories should be washed with hot soap suds and then wiped off with a cloth wrung out of Wescol Sol. 1.300 once a day. The inside of the closets should be thoroughly cleansed with a coarse brush designed for that purpose, once a day. Urinals should be scrubbed

with Sapolio or Dutch Cleanser once a day. Lavatory floors and partitions should be cleansed with a cloth wrung out of Wescol Sol. 1.300 once a week.

7. Door-knobs and door-handles should be cleansed with brass polished or Sapolio once a week.

8. The frequency of window-cleaning must vary with the season and the surroundings of the school. They should be done not less frequently than four times a year.

9. All drinking fountains should be scrubbed with Sapolio or Dutch Cleanser once a day.

10. All wash-basins should be scrubbed with Sapolio or Dutch Cleanser twice a day, once before nine a. m., and once at noon. Liquid soap should be supplied as often as necessary.

11. Clean towels should be supplied as often as necessary. Towel-holders should be made so that the tray on top will not lift out. These trays should be washed with hot soap suds once a day.

12. Where shower-baths are installed there should be an individual bath towel for each child receiving a bath.

13. Where sanitary drinking fountains have not been installed, individual drinking cups should be supplied. The kind made of waxed paper answers the purpose and is inexpensive.

14. In class-rooms where plasticine is used, each child should have his own portion.

A large majority of our Canadian school children do not attend city schools where waterworks have been installed, and consequently we have the problem of the rural school outhouses. Most of these are not only unclean, but they are a menace to good health and decent morals. So important was this question considered in the United States that a committee on rural school sanitation, appointed by the Bureau of Education, Washington, June, 1916, brought in the following report:

"It is felt that insistence upon the construction of sanitary privies for use at rural schools, with due attention to their up-keep, will probably do more to impress the rising generation with the importance of observing hygienic laws than any other measure which may be employed for that purpose in connection with school life."

The existing evils in connection with unclean rural outhouses can be remedied only by an awakened public conscience. I believe that our National Association of Graduate Nurses can set itself no better task than to institute a definite and thorough campaign against one of the greatest evils which menace the health of the large majority of our Canadian school girls and boys.

Child Placing

(By Mary Stirrett)

As the subject of Child Placing presents a practically new and unexplored field for the Canadian trained nurse, the endeavor has therefore been, in the preparation of this paper, to give a clear picture of what the work really is, in order that the interest of all may be awakened to its many possibilities. With this purpose in view, we shall deal with the subject from two standpoints:

First—The experiments, with results, and also the recommendations of some prominent workers, who for many years have been in close touch with this form of work.

Second—What has been and is being done in Toronto in the way of Child Placing, with suggestions as to what we believe to be necessary for the promotion of its growth and development.

Experience has demonstrated, both in England and on this Continent, that the segregating of large numbers of children under one roof is fatal to the infant.

Those who were privileged to hear Dr. Hastings Hart, Director of the Russell Sage Foundation of New York, when he gave an address on Child Welfare at the Social Service Congress, held in Convocation Hall, Toronto, in January, 1917, will no doubt be familiar with his views on Child Placing, but for the benefit of those who were not present we might relate one of the many things he did in connection with this branch of work.

Three years ago the Russell Sage Foundation entered into a coöperative plan with the Department of Public Health, New York. Arrangements were made with the New York Foundling Hospital that they should give the babies that were expected to die to the Russell Sage Foundation, who supplied the funds and a doctor to supervise the whole work. These babies were placed with poor women in humble homes in the heart of New York City, $3.50 per week being paid for their board. The Department of Health supplied three nurses and three doctors, and thirty babies were cared for at one time. Out of eighty-nine, thirty-nine (or 46%) were saved. This seems a small percentage, but if we remember that these were the babies that would otherwise have been placed in the Marasmus Ward of a large foundling hospital, and would have in all probability died, the results were most encouraging. This was done for two years and simply served as a demonstration to show what could be done for sickly infants. The result of this was that the City made an increased appropriation so that this work of Child Placing might be carried on.

In 1902 Dr. Chapin, one of the leading Pediatricians of New York City, inaugurated a plan of boarding out infants, which has been in successful operation ever since, and which is now very widely known as "The Speedwell System." Through Dr. Chapin's efforts a Board of

philanthropic citizens of New York formed what is now known as "The Speedwell Society." They collected money and selected as their centre of activities the village of Morriston, N. J., on the outskirts of New York City. Here abandoned and sickly infants were placed in humble family homes. Two nurses and a doctor were secured by the society to supervise these children and to see that they got all the medical attention necessary. The cost was $1.15 per capita per day, which included practically everything—travelling expenses of nurse and child to and from the country to the city, extra clothing, special milk, the price of board, and the salary of a doctor and two nurses.

Dr. Chapin strongly urges that this same system of boarding out babies be extended, but that it should always be done in units, which will allow intensive working in many small fields. Each village around a city, for example, could form a unit with a doctor and nurse on salary, working under its local committee, and these infants from the surrounding area could be placed in homes under their oversight.

We will now consider the second division of the subject, viz., the system of Child Placing as it was and is in Toronto, and suggestions for its improvement.

In 1887 an Act for the "Protection of Infant Children" was passed by the Legislature; this required the keeper of a house where one or more infants were kept for reward to "register" with the City Council; the premises were inspected by the police and a record of the babies was kept by the keeper in a book furnished by the city.

Three years later, or 27 years ago, the Department of Public Health, Toronto, assumed the responsibility of inspecting and regulating all private homes in the city, where infants were being boarded without their parents, and where money was being received for their board. The Medical Officer of Health and five assistants (not medical) formed the complete organization of the Department of Public Health at that time, and this additional piece of work was assigned to the chief assistant.

No provision was made in the Act of 1887 for registration or inspection of Maternity Homes, and while it was found that conditions had greatly improved since the passing of the Act, it was discovered that some eight or nine years afterwards many infants were being deserted, and it was no unusual occurrence for the police to find four or five deserted infants in a week. In the year 1896 a survey of the city was made by the Department of Health with a view to finding the number of houses where girls were taken in for confinement and the conditions existing in such places. About fifteen were found, and both from a moral and sanitary standpoint they were far from satisfactory. The following year an Act was passed for the "Regulation of Maternity Boarding Houses and the Protection of Infant Children," and the duty of inspection and regulation was entrusted to the Local Board of Health. A medical inspector, Dr. Harley Smith, was appointed, and in an incredibly short time it was reported by the police that there was a remarkable decrease in the num-

ber of deserted infants found in the city. Within the first few years of the working of the Act it was found necessary to prosecute a number of women for non-compliance with the Act, and a few heavy penalties (one a term of six months) had a salutary effect, so that at the present day it is very rare to hear of a deserted infant being found in Toronto, and in no case had such an occurrence been traced to a registered house.

There were then about twenty baby boarding houses, or baby farms, as they were termed in those days. For eighteen years Dr. Smith carried on a splendid work, not only in the way of inspection, but also in giving unstintingly of his time and energy to helping many of the unfortunate girls and infants whom he found in these homes, at a time when such assistance and kindly sympathy was sorely needed. Thus, through his untiring efforts, the work developed and commenced to assume a different aspect. Not satisfied with the mere routine duty of inspection, he steadily endeavored to improve conditions by weeding out undesirable homes and foster mothers, who were at this time more concerned about obtaining numbers of infants, and thus more money, than they were about the infants' welfare. He interested many trustworthy women in Child Welfare Work, and finally succeeded in inducing some of them to care for one or more children in their own homes. In this way he kept increasing the number of homes and reducing the number of infants allowed in each home, and the death rate was decreased.

A comparison of the institutional death rates with that of the Baby Homes in Toronto was made for the years 1912-13-14, and results showed that 31 per cent. was the institutional death rate and 15.5 per cent. was the Baby Home death rate. Dr. Smith also co-operated with the Children's Aid Society, of which he was Vice-President, in placing many children in permanent homes, where they are at this present day, growing up and receiving the same care and advantages that the foster parents give to their own children.

Some of the main features of the Act as it is at present may be cited as follows: Not even one patient can be taken into a private home for confinement, money being received, unless that place is licenced and inspected by the M. O. H. of that municipality; licence fee to $5.00 per year; no child under three years of age can be taken into a home to board without its parents, money being received, unless that home is licenced and inspected by the M. O. H.; licence fee to be $1.00 per year in this case; a register containing all particulars regarding each patient or child admitted is to be kept in each home so licenced, and no child can be taken from these homes except by parents, or, in case of adoption, except by or with the knowledge of the Children's Aid Society. The M. O. H. is given full control of all such places, and he has the power to issue or cancel licences, permitting these persons to carry on such work, as he sees fit. Upon failure to abide by the laws, a fine of $100.00 or imprisonment may be incurred.

In 1915 the nurses of the Department of Public Health commenced to assist Dr. Smith by visiting and instructing foster mothers in the care of babies. When he went overseas a year ago the nurses were left in charge of the work among the boarded-out babies and children and a staff doctor in charge of Maternity Boarding Houses. It might be well at this point to give a very brief sketch of the methods now employed. The inspecting and visiting of Baby Homes is now done by the district nurse and only forms part of her work in the whole scheme of Generalized Nursing. Each nurse may thus have none, one, two or more Baby Homes in her district. She visits these usually once a week, oftener sometimes, daily if the baby is ill, less if she feels that it is not necessary. She instructs the foster mother as to the preparation of feedings and general care of the baby, arranges to have her attend the nearest Child Welfare Clinic, at which a doctor and a nurse are present each week. Here the baby is weighed, progress noted and any errors in feeding corrected. She reports to the Supervisor of Baby Homes suitable women who might care for babies, and also any homes where babies are being boarded without the knowledge of the Department of Health. The Supervisor of Baby Homes is stationed at the Central Office in the City Hall, and she has the general oversight of all Baby Homes. Without duplicating the visits of the district nurse, she keeps in close touch with the developments in each home. By attending a weekly conference held at the Central Office, at which the Superintendent of Nurses, the five District Supervisors had the Supervisor of the Child Welfare Clinics are present She also frequently arranges to visit the five district offices, where she meets with the nurses and discusses matters individually. The Division of Records and Statistics of the Department of Public Health keeps a complete record of each Baby Home, each child who has been in a Baby Home, and also of the parents or guardians of each child. They also compile all statistics necessary. We are very proud of the following improvements, which were accomplished during the past year, viz., the elimination of practically all Baby Homes in the downtown and ward section of the city, and the extension of the work to the three outlying districts, which are less thickly populated. If you remember the plan as outlined by Dr. Chapin regarding the formation of units where intensive work might be carried on, you will see that our plan of using the district as a unit, and the nurses of each district doing intensive work, is much the same. Another improvement in our work this year has been the control of admissions; now no child is admitted to our Baby Homes until the district nurse visits the home of the applicant. In this way the nurses have been able to influence some mothers to keep their babies or place them properly, perhaps with friends, in creches, or to secure positions, keeping the child with her. Lastly, we have secured appropriation from the city for the care of puny babies. Babies who were ready for discharge from the hospital, for sick children very often had to remain there days and sometimes weeks longer than they should have.

Thus they were in danger of becoming hospitalized, and were also occupying cots necessary for acutely sick infants, because there was no proper place to put them. Now they are sent to one of our special Baby Homes, where an experienced foster mother cares for two only of these infants at one time at the rate of $1.00 per day for each. She has had splendid success with them so far. We have at present eighty Baby Homes.

In the selection of healthful homes and good foster mothers, attention to the physical condition of these boarded babies, removing of children from improper homes where we discovered them to be boarding with persons who had received no permission from the Department of Health to do this work, we have been most successful; but, in dealing with the social side of the problem, we have been greatly handicapped by the attitude taken to the work by several other Child Welfare agencies. The Children's Aid Society and the Juvenile Court believe that the foster mother only takes these infants in from a mercenary point of view and that she should therefore lose in case the mother deserts. This very often happens, and sometimes the foster mother finally adopts the child from sheer pity and because she has become attached to it, but it would be impossible to get her to go on with the work. One can readily see, however, that a foster mother could not be expected to continue this philanthropic work or she would soon become like the proverbial old woman who lived in a shoe, and so the work is checked by our continually losing good homes and good foster mothers because of their fear of having a deserted child left indefinitely on their hands. In order that the work of Child Placing should develop and grow as we hope it will, there must be the greatest co-operation between some one Child Welfare Agency and the Department of Health. The Children's Aid Society is the legal guardian of all dependent and neglected children, and we believe and are hoping that they may take the lead in the matter of seeing that these children are placed amidst the best possible surroundings. We therefore hope to see very soon a Child Placing Department formed within the organization of the Children's Aid Society, and the Department of Health lending its energy by co-operating in the largest measure in helping to save these infant lives.

As we said at first, this paper was prepared with the hope in view that the interest of all might be awakened to this great work, which forms an important factor in the conservation of child life.

May we have succeeded in doing so to such an extent that we as Canadian Nurses will support every movement towards this end in whatever community we may be placed; and may we see in later years, as a result of united effort, institutions only being used for the mentally defective and other special cases, and may we see all normal children enjoying the same privileges which we ourselves have enjoyed, that of the family life within the home, growing up to be healthy, sturdy Canadian boys and girls, worthy to fill up the gaps made by our brave soldiers who have given their lives for the preservation of liberty and Canada.

Military Nursing

By Nursing Sister C. A. M. C.

To combine a great adventure within the classic realms of history, romance and beauty with an important, arduous work, undertaken with eager enthusiasm and burning patriotic zeal, does not often fall to the lot of the ordinary woman, but when it is her lot one might expect her to be so dazzled by the fascination of the adventure that the grave work would become secondary and the patriotism and zeal lose their ardor—let no one say that of Military Nursing Sisters—in spite of undreamed-of travels, such as might have been wrought by the wand of a fairy godmother, their work remains the one thing of supreme importance, all the other events being merely incidental.

The Military Nurse has always been a much-travelled person, because, wherever the British soldier goes, and that is far and wide as the British Empire extends, she is there to tend him when wounded and to nurse him when sick. In the present war, Canadian Sisters have nursed in France, Belgium, Russia, Macedonia, Lemnos, Gallipoli, Egypt and Malta, and perhaps elsewhere that the writer has not heard of.

To be a Military Nurse at this time, when our nation, with her Allies, is in mortal combat for the cause of Truth and Liberty, is the greatest privilege that is a woman's—and that privilege to pour in the oil and wine and to bind up the wounds and comfort the soldier-soul on the brink of the Styx, belongs to-day to thousands of women who are appropriately and beautifully named "Sisters."

This paper is compiled from the personal observation of one who has been very fortunate in having a wide range of experience since the war began—experience consisting of: (1) Stationed in a British General Hospital in Rouen, with duty in two Surgical Marquees holding 52 beds, with staff of two V. A. D. Sisters, two Nursing Orderlies and two General Duty Orderlies; also the duty of lecturing to the V. A. D. Sisters attached to the hospital and to the Nursing Orderlies; (2) on board Hospital Ship plying between Gallipoli, Lemnos, Salonica and Malta, duty consisting of officers' ward and operating room; (3) Canadian General Hospital in Salonica, duty consisting of operating room, officers' wards, home sister, surgical wards; (4) Barracks Hospital Home Service in England, officers' ward day, medical wards night.

Military Nursing follows no law, abides by no rule, is governed by no precedent that is not honored in the breach and disregarded coolly when the occasion, expediency and necessity require. A broad-minded, progressive intelligence, a quick imagination and a supreme disregard for that "aseptic conscience," so necessary in civil nursing, are essential factors in successful Military Nursing. The alert brain of the Trained Nurse, quick to think, quick to act, and her courageous poise in the presence of the ghastly consequences of war, make her an admirable adjunct both to the Medical Officer's skill and the soldier's courage. The Sister

has a definite and distinct place in this great conflict of Right against Might; indeed, she may be reckoned as one of the great economic factors for the conserving and preserving of Man Power.

One very interesting feature about Military Nursing is its democratic tendency. Every hospital unit has a Matron, who has an assistant; apart from these two all others are equal—there are no grades. It is not so in the Imperial Service (Queen Alexandra's Imperial Nursing Sisters); there they have, besides the Matron and her assistant, Sisters of the Royal Army Medical Corps, who are detailed for the duty of Supervisors of Divisions, e. g., the Sister supervising a section of the Surgical Division (usually divided into four sections) of the Medical Division, and the Sister supervising at night. These Sisters wear all-scarlet shoulder capes and the badge of their rank, two-inch wide red bands around the forearm of their uniform. Next come the Sisters in charge of wards; they are either from the Army Reserve Branch or the Territorials, but both wear grey shoulder capes trimmed all around with scarlet cloth about two inches wide, and the badge of their rank, two-inch-wide scarlet bands on the forearm. Then come the Staff Nurses, who are also drawn from the Army Reserve or Territorial ranks. Promotion to the rank of Sister comes to them with length or distinction of service; the British Matron-in-Chief grants the promotion on the recommendation of the Matron of the Hospital. V. A. D. Nurses rank below the Staff Nurses and take the same standing as Junior Nurses or Probationers. In the Imperial Service there are also Nursing Orderlies, who have two years' training, and are often very capable and efficient nurses. The curriculum of their training is much the same as the calendars used in Canadian Training Schools. It is easy to comprehend that democracy is not a feature of the R. A. M. C. But it is a beautiful and established fact in the C. A. M. C., where all Sisters are Trained Nurses and rank as equals. It is a very exceptional occurrence to meet a Sister who refers to her past work or experience in a superior manner. Everything fosters this democratic spirit—the communal life the Sisters live, especially on Foreign Service; their mess, which is entirely communal and is managed and arranged by the Sisters themselves. They elect a Mess Committee, comprising a President, Secretary, Treasurer and two other members, who instruct and confer with the Home Sister in her purchasing and expenditure. The Mess President takes the chair at all mess meetings; the Matron attends as an ordinary Sister, and the majority governs.

Another feature of the communal life which suggests Utopia is the delightful manner in which Sisters are paid. Their money is paid directly into the bank and is drawn by cheque, giving one the glorious feeling of being cared for as "the sparrows and clothed as are the lilies of the field" by a beneficent Providence, and fosters the divine fervor of patriotism and devotion to the Service. Truly we must eat to live, and always we must pay to eat, but to have the wherewithal fall as Manna

into our bank account is the very expression of the ideal. All true essential service and work should always be so rewarded.

In social life the democratic spirit rules entirely; former Superintendents and Matrons of civil hospitals meet their pupils on an equal footing; senior nurses and Supervisors of Departments find themselves rooming in closest intimacy with their former juniors and probationers, and there is no hint or suggestion of old-time condescension and superiority. It all makes a condition of charming good-fellowship (bon camaraderie) seldom experienced in civil life.

Patients.—The British "Tommy" is perhaps the most delightful and fascinating of all patients; his perfect "sang froid," unquenchably optimistic spirit, spontaneous gaiety and marvellous courage give one the intense desire to serve him with every ounce of concentrated ability and devotion—no labor counts, no weariness hinders a Sister's efforts to atone to him for his heroic service to mankind.

During the Summer of 1915, when everything was practically stagnating on the Western Front and very few wounded were being received, medical cases were filling three-fourths of the hospital; ennui was sapping the staying qualities of certain types of men. It was then that Sisters, new to Military Nursing, heard a queer saying, "Swinging the lead," and were horrified to discover that some patients were doing it, or, in other words, malingering; it gives one a sick feeling of pity and disgust combined, and makes one ashamed to look the lead-swinger in the eyes; but, when September came, bringing the first British offensive and consequent trainloads of wounded to fill the hospitals to overflowing, the malingerer vanished into oblivion, or, to be more correct, into the trenches.

Then nursing became a dual art, in the operating of which the sordid material details of the flesh stalked side by side with the grandest qualities of the soul and the ethereal visionary ideals of the spirit; this dual condition is always present to some degree in a nurse's duties, but in the duties of a Military Sister it finds its most exaggerated manifestation.

In the first rush, when the sound of the Convoy Bugle seemed never to die in the air, the General Hospitals of 1,040 beds were increased by hundreds of beds. The supply of regular marquees gave out, and great store tents of unlined canvas were erected by fatigue parties working night and day; in fact, the General Hospitals became mere clearing hospitals. Convoys of patients arrived, were bathed, put to bed (or vice versa), wounds were dressed, cases classified and passed on. Those too badly wounded and those estimated to recover in less than three weeks remained in the hospital until congestion occurred, when the former, somewhat rested and able to travel as cot cases, were transferred to England and the latter to Convalescent Camps. Convalescent Camps virtually became hospitals, manned by orderlies, for the slightly wounded. "Blighty" (England) was a new name for "Paradise," and Heaven's

gates virtually opened to the wounded man marked for "Hospital Ship." To describe those mud-encrusted, blood-stained, utterly worn-out men as they limped or crawled or were carried into the hospital requires the pen of a poet; they were pitiful, but jubilant with victory, for they had won; and surely, then, it was the beginning of the end. It is rather rare for a soldier to talk much of his share in the fighting, but after the long inaction they were elated with action and success, so they talked and described to each other what had happened, and the Sisters, as they dressed their wounds, thrilled with exultation at what they heard. In those days, work without ceasing, except for hurried meals, lasted from 7 a. m. to 10 p. m.

Of the Canadian soldier on active service as a patient the writer is unable to speak; but of the Canadian soldier in hospital in England she can say a great deal, but that would not be a fair comparison. However, there is one fundamental difference between the average British Tommy and the average Canadian soldier, and that is that the former still remains a soldier when in hospital, while the latter reverts to his pre-soldier days, and in many cases demands the "moon." His contempt of hospital rules and regulations and necessary restrictions are a great source of friction. He is much better fed and paid than "Tommy," but he is much less satisfied with what he gets. Nevertheless, the Canadian soldier is a splendid and delightful fellow.

Strange to tell, it is not the soldier wounded or gassed, or even sick unto death, who reduces one to the extreme passion of pity, constricts the heart with pain, and brings an agony of suffocation into the throat —it is the splendidly-fit men going up to the Front. The sick and wounded are ours to protect from further harm, to nurse and comfort; but the young manhood going to be wrecked mentally and physically, mutilated, annihilated—oh, the tragic horror and pity of it! In Rouen they passed our tents day and night unceasingly; singing, always singing in the daytime, but keeping us awake at night by the queer whispering swish of their feet, like a soft wind among dead leaves; as many as eight thousand have passed in one night.

French, Greek and Serbian soldiers were occasionally our patients, but only by one or two at a time—too few to form any true estimate of their characteristics; however, they were always most courteous, agreeable, docile patients, and always absurdly grateful and devoted.

Hospitals.—At first most of the hospitals in France were constructed of tents and Indian marquees, but these have now been replaced by huts. The marquees (each one was a ward of twenty-six beds) were very nice in Summer, cool and shady when the sides could all be rolled up, but leaving much to be desired when the wind blew strong and the rain fell, but they were still less desirable in Winter, when the frost and snow and intense cold prevailed. Then, too, the Sisters suffered excruciatingly from chilblains on hands and feet. The marquees are manufactured in Cawnpore, India; they are made of strong white canvas

outside, yellow canvas inside, and interlined with red or blue. They give splendid protection against the sun and admit the maximum amount of air; when all the sides are rolled up the patient has practically outdoor treatment. The Canadian Tent Hospitals are usually built of Hubert Tents, manufactured in Canada; each tent holds eight beds. They are made of strong brown canvas with white extension roofs elevated about a foot above the brown canvas roofs. They are also capable of being rolled up all the way around, but they are very inconvenient and inadequate for hospital purposes.

Salonica.—The first Canadian General Hospital in Salonica was constructed of these tents, and very smart and businesslike it looked. In this case a ward consisted of five separate tents in a straight line, the middle or third tent being the service tent. At first there were six beds in the service tents, so that the Sister's writing table, medicine cupboard and dressing supplies were crowded into an incredibly tiny space on one side and corner, while in the opposite side and corner a large wooden table wedged itself. This table was used for every purpose of ward work—preparation of food, and on wet days all the washing up had to be done on it. After a few months the congestion of patients eased up and the beds were removed from the service tents and a dining table for up-patients substituted in each. It was a nice arrangement and much appreciated by the patients. When a great rush occurred and the hospital was called upon at a few hours' notice to accommodate several hundred more patients than its capacity, great store tents of unlined canvas were obtained from Ordnance; straw was laid thickly on the ground, and on top of that several thicknesses of blankets, to serve as mattresses and stretchers, were placed closely together. During a terrific blizzard, lasting some days and burying everything under deep snow and ice, hundreds of soldiers were brought down from the hills in Macedonia suffering from frozen hands, feet and legs. It was impossible to evacuate quick enough to the Hospital Ships, hence the use for these big tents.

In the early days, too, water was a problem and had to be brought in carts from the river, miles away. When the river became frozen, even greater difficulties developed. The fluid called water was reddish brown and thickly muddy, but most precious. The contents of hot-water bags were carefully heated and re-heated ad infinitum; melted snow was a boon. Water, for food, tea and coffee, was so chlorinated that everything tasted like nauseous medicine. During these early days, too, after the British retreat before the Bulgarians from the Doiran District, every one lived ready packed to leave. Rumor was busy with the wildest tales. Identification discs and Red Cross brassards were issued to each of the personnel.

Surrounding the hospital and spread out over the plains, and reaching away into the hills as far as the eye could see, were thousands of white bell tents, housing tens of thousands of soldiers. The bugles of

the infantry rang all day, while the trumpets of the cavalry called the horses to water most musically. Military bands, bugles and drums filled the air with martial music, mingling with the shouts of the drill sergeant and the marching of troops. As silently and quickly as they came, the tents were folded and the soldiers vanished beyond the hills.

After seven months in a tent hospital situated on the unfenced, undulating plains of Macedonia, six miles out from Salonica, the hospital was moved to newly-erected huts at the other side of the city. A hut hospital is a very efficient type indeed. Each hut consists of a long ward capable of holding thirty-six beds. There are two entrances—one at each end. At the main entrance are situated the office, dressing room, kitchen, wash-up pantry, bathroom and toilets. The main hospital road divides the surgical from the medical wards. The huts are placed in lines running backwards from the road. They are lettered and numbered thus: S. A. III means Surgical Ward A, and third hut in line, and M. C. I. means Medical Ward C, first hut in line, and so on. The Isolation Compound is placed some distance apart on the Medical Side and has its huts running at right angles to the medical lines.

Barracks buildings in Egypt, Malta and England are frequently used for hospital purposes, but they are not at all efficient nor convenient. They are usually old-fashioned in construction, and, being built for an entirely different purpose, are difficult to adopt with satisfaction. They are hard to keep in order and in good condition; the appearance of the wards, kitchens and wash-places never indicates the great amount of time and labor expended on them each day.

Treatment.—Of course, every one knows that the great essential difference between civil surgery and military surgery on active service is that the latter is Antiseptic Surgery. In huts and on home service, where sterilizers can be kept running and ward conveniences are all present, asepsis becomes possible, and, needless to say, is always reverted to; but on active service, in tents and huts in the rush following a big action, antiseptics are always used; iodine for swabbing and antiseptic gauze for first dressings. Ensol for wet dressings is very largely used, but all the antiseptic solutions have their adherents. Methylated spirits is commonly used as a substitute for alcohol, which cannot be obtained. Gloves are freely used, as they protect the hands and permit of much stronger disinfectants being used in going from case to case. A small sterilizer over a methylated burner sterilizes instruments as quickly as they are required. The unlimited supply of sterilized dressings of every kind sent by the Red Cross permits satisfactory surgical technique under the most adverse conditions. It is interesting to note that the first week's operations in Salonica held the record for number for nearly four months. Water was then at a premium, but the Red Cross supplies were super-abundant.

Operative Surgery was, of course, largely confined to imperative cases. At one time, before the fighting in Salonica, the great numbers

of medically-sick soldiers admitted to the hospital crowded the surgical as well as the medical wards. It became wildly exciting for an eminent surgeon to have a ward filled with, say, malignant malarial patients with temperatures ranging from 106, or perhaps a ward of mixed medical cases. He crammed from all the medical text-books, brochures and treatises to be found in the Officers' Library, and became the subject of much sarcasm from his medical friends.

In medical treatment there were no departures from the fundamental principles. When water for cooking could scarcely be obtained, it is needless to say baths on admission were not the rule, but, with the end of the severe winter weather, that difficulty was quickly overcome. Water tanks were set up and pipes laid to the outside of every service tent, and baths and everything clean given on admission.

Dysentery cases were isolated. The type was changing from the simple self-contracted type to the infectious amoebic type. Dysentery carriers were carefully sought out and most carefully treated and isolated. Serums were freely used—dysenteric serum in dysentery and anti-tetanic for wounds. A splendid laboratory hut was established very early, with every modern equipment and every facility. Pathological work became an outstanding feature of the hospital, and the laboratory rapidly became famous for its effective research work and brilliant staff.

The Dardanelles.—We steamed up the Dardanelles and anchored off Suvla Bay in the middle of the night, and we could not believe the evidence of our eyes when we saw the winking and flashing of our own and the Turkish batteries. Our excitement was intense when we realized that we really were within sight and sound of the fighting; it was a strange sensation. When the sun rose we clearly saw the British batteries along the shore, while from the top of the ridge the Turkish guns were spurting fire. On the beach there was a Casualty Clearing Station, and, when a Turkish gun found a mark nearby, the stretcher-bearers could be seen running out and carrying the wounded to shelter. We watched the shells bursting away up the valley or on the hillside, throwing up clouds of brown earth and rocks; sometimes the answering shells fell harmlessly into the sea not far off. But all previous emotions were mild compared to that which possessed us when with a crash and shriek the great battleships away out beyond opened fire, and with awful deliberation 12-inch or 15-inch shells left a gun with a thunderous roar, screamed through the air and exploded far away inland, setting all the echoes crashing together. Our ship seemed to quiver in the shattered air. It was our first real experience of war at close quarters.

We took over six hundred patients on that first trip, very few of them wounded—nearly all sick with dysentery and jaundice. The dysentery cases looked like long-dead men walking; they were the most tragic sights we ever saw with their parchment-yellow, dried skin drawn over the bones of their faces and burning eyes set in black holes.

A burial at sea from a Hospital Ship is a simple, silent and rather furtive act; the mysterious still form under the flag, lying in the stern, then the pause of the ship for a minute during the solemn consignment to the sea, and it is all over. No one goes near but those necessary for the purpose. But surely there is no more fit resting place for the sun-scorched, sand-choked soldier from the fly-infested trenches of Gallipoli than to sleep in the beautiful waters of the Aegean in the shadow of the classic Isles of Greece, or in the cool, grey, tideless Mediterranean —many of the Roman Legions have already slept there for centuries.

The scope of this paper does not admit of any description of the different countries travelled in or of the peoples sojourned among, but it is, perhaps, pardonable to say one or two things of the wonderful pictures our memories will hold besides those of weary, broken, sacrificed manhood.

Forever two little torpedo destroyers, the "Lapwing" and the "Linet," which rushed out of a blanket of white fog at mid-day as our transport slowly steamed into the danger zone, bringing with them the assurance of perfect protection and absolute safety, will remain a thrilling memory. Forever the May loveliness of Devon; of the pink earth, the many-tinted green fields, hedges and trees; the centuries-old villages set with perfect ivy-mantled grey churches; mansion-houses in stately parks, and, beyond the embattled cliffs, the blue sea, and above a serene sky—all peace and wonderful beauty, will remain the most fragrant memory of all. The beauty of France in early June, the masterpieces of Rouen associated with the mystic atmosphere of Jeanne d'Arc, cannot outclass the exquisite beauty of the south of England. Five months' sojourn in Rouen will always remain a joy, from which the perfect Rose window of St. Owen and the view over the valley of the Seine from the Jeanne d'Arc monument at Bon Secours stand out from a hundred others as clear-cut cameos. Then the Mediterranean; the old Lion of Gibraltar, grim and frowning in the grey of a dull evening; Malta, the first suggestion of the East, a graceful but impregnable fortress—nothing hitherto had given us such an impression of Britain's invincible power as Malta—picturesque, all creamy white and ringed around by the blue Mediterranean. Next the Aegean, the most beautiful of all seas, deeply and truly blue, reflecting the mountains and isles of Greece. Lemnos followed, bare, desolate, sandy and flat, embracing a splendid, turbulent harbor, crowded with every type and description of ship. Next, and by night, the famous peninsula, Gallipoli, and, at last, anchorage off Suvla Bay, until every available cabin, bed and foot of deck space was occupied by a sick or wounded soldier. Return to Lemnos to discharge walking patients, then en route for Salonica. Expectation and excitement became electric as we neared the coast of Greece and came within the boom of Salonica harbor at four o'clock in the afternoon, with the western sun glittering from every golden mosque and pinnacle, crimsoning every window and making the

picturesque white buildings a lovely pink. Over the hills behind the city a wonderful luminous haze quivered like an amethyst veil shot with rose and gold, while directly opposite the city, across the harbor, with the setting sun preparing to disappear behind its left ridge, rose in majestic beauty the snow-crested peak of Mount Olympus. One did not have to be a poet to be thrilled and elated as in exquisite rapture we watched the sun set, dying the water blood red and leaving the great mountain slopes in purple gloom. In the night we sailed for Malta, returning once more to Lemnos and Suvla, where we stayed for three days while a great storm swept the peninsula. On the way back with patients we called at Embros, the Naval Air Base for the Mediterranean, then Lemnos once more, and finally Salonica, where we were claimed by our O. C. and taken to our own hospital—our great adventure was over! For many long months we lived and moved, slept and waked, in the shadow of Olympus, and its beauty never waned, though it was ever changing, and who that saw it could doubt when the moonlight flooded every valley and defined every peak that in the purple shadows the great gods still held solemn conclave and decided the destinies of men.

Nurses' Work in Women's Institutes

By Mary J. Kennedy.

A Lecture-Course to the Women's Institutes on Home-Nursing and Emergencies.

The Women's Institutes are too well known to need introduction. They have become a very important factor in the country. Suffice it to say, their motto is: "For Home and Country." Their object is mainly directed towards the amelioration of conditions as affecting women in rural districts, and towards general elevation in the standard of living. The Institute activities are of an educative nature and deal with moral problems. Good work is being done along various lines for home and community—social clubs, flower shows, school gardening, hot lunches for school children, libraries and, of course, Red Cross work. Several Institutes have their own neatly-kept and furnished hall or meeting rooms equipped with tea-service, dishes, stove, etc.

Co-operation between Institutes includes conferences, entertainments, essay competitions and interesting monthly programmes.

The zeal of the members might put to shame the diffidence and lack of interest so general in the majority of nurses' clubs and associations.

There is a vast difference in the country settlements of Eastern and Western Canada. The great distances and isolated communities in the West make the settlers dependent on home resources, now especially, when physicians are not available on account of the numbers who have

gone to the war. It was, therefore, timely that a course of lectures and demonstration on home nursing and emergencies was afforded the Women's Institutes by the Department of Agriculture of the Province of British Columbia.

I believe British Columbia was the only one of the Provinces to send out instructors in the year 1915, when money stringency was felt even by the Government.

It is a matter for congratulation that the Department selected Graduate Nurses, which I understand was not the case in a neighboring Province.

When I was appointed, in the autumn of 1915, to give a lecture course, there were fifty-four Institutes and about three thousand members in this Province.

It was with some trepidation that I pulled myself together to prepare suitable matter which would convey the necessary instruction in prevention, practical home nursing, emergencies, etc.

It would have been easier to address nurses along the familiarly prescribed lines than to prepare matter suited to the exigencies of home and country life.

With mixed feelings, I—who have always been afraid of my own voice—saw my name posted in the town postoffice and other conspicuous places as the lecturer. It will readily be understood, however, that a course which really was a heart-to-heart instruction and demonstration should be technically designated.

The itinerary was prepared by the Department of Agriculture, and every facility for comfort and success was afforded us. The arrangement was to spend three days at each centre, giving six lectures and demonstrations morning and afternoon, or afternoon and evening, to suit the convenience of the members.

The hall or meeting place was provided by the respective Institutes.

First of all the syllabus had to be got up—thought out and put in form—by my colleagues and myself.

The syllabus of lecture work was as follows:

Lecture 1. *The Prevention of Sickness*—How to keep well; some laws of health; what to have ready; sick-room utensils, and the care of them; reading the thermometer; the home medicine cupboard.

Lecture 2. *The Care of the Patient*—The ideal sick-room; bed-making with patient in it, for various illnesses; bathing, and handling the patient; comforting measures and necessary precautions; invalid diet; convalescence.

Lecture 3. *Practical Nursing*—Watching the signs; bedside notes; the value of water; hot and cold treatments; special baths, compresses, enemas, etc.

Lecture 4. *First Aid in Small Accidents*—The meaning of surgical cleanliness, and sterilization; how to dress cuts, bruises, stings and burns; a lesson in bandaging.

Lecture 5. *Serious Emergencies*—How to act first, and what to avoid; shock; insensibility; hemorrhages; fracture, and splint-making.

Lecture 6. *Maternity*—The expectant mother: cautions and precautions; preparations for the child's birth; the care of mother and infant; how to feed, clothe, bathe and tend a new-born baby.

The equipment for demonstrations consisted of a doll (Joseph), who had several roles to fill, that of general patient, baby, and mother (when, of course, he became "Madam Josephine"). There were also model baby clothing, bed, bedding, various bed-comforts and appliances, dressings, some rubber and other utensils, and bandages—making use particularly of triangular bandages. There was always some one willing to be the patient for this demonstration, which was very popular. So many have an idea that bandaging is the sum total of nursing knowledge!

I found the keenest interest and appreciation everywhere, although many members were hampered by duties, distance and short daylight. One member rode twenty-two miles and return. Another drove one day twenty miles, and several repeatedly walked a distance in rain and bad weather. There is no doubt that it is a considerable hardship to attend meetings more than once a day.

It was gratifying to note the attendance and attention manifested by many practical household nurses, and the nice spirit and eagerness to gain every advantage from the course. Several came to me after the meetings to ask questions, or discuss "a case." All the members were free to ask questions just when they thought of them, not running the risk of forgetting if left to the close of the instruction, although the programmes for each lecture provided space for notes for future reference.

There were some binding prejudicial traditions, which are not easily overcome, as well as an absence of common knowledge on matters affecting health, but on the whole I found the people open to conviction.

The maternity lecture drew the largest attendance, and frequently members expressed their interest in the subject of pre-natal care, and regretted their former lack of knowledge, with the consequent discomfort and suffering.

I regretted there was not more time to devote to instruction on the proper care and feeding of children. I endeavored to impress, however, that a baby will survive a great deal of neglect in other ways if it be properly fed, and no amount of attention will compensate for ignorance or carelessness in this respect.

I am an enthusiast in the matter of Women's Institutes. One can scarcely imagine what they are to many members—who would perhaps otherwise be mostly shut in—to mingle with their gifted neighbors and co-operate with them in ways and means for the common weal.

I met with the greatest kindness and hospitality throughout my trip, and found so many unaffected, charming women, many former nurses and school teachers, in my audiences.

My travels were not without incidents amusing and unique. One member, on the principle that "one good turn deserves another," wished to convert me to "New Thought," being quite sure that I would make an excellent disciple of the new cult. Again, having arrived at a comfortable hotel in a pretty town, I thought to have an hour or two extra sleep on Sunday morning, but about seven o'clock I was awakened by a Chinaman knocking at my door and shouting, "You go Church?" I bade him begone, and in half an hour I was recalled to know, "You want boots clean?" Again I told him to go away, only presently to be solicited, "You go breakfast?" My feelings can better be imagined than described. Later the housekeeper explained to me that the boy had an annoying zeal for getting the rooms vacated and done up early, and the accommodating traveller who left on an early train suited his purpose. Not suspecting me of being a female "drummer," he appealed to my possible susceptibilities.

Taking it all around, I can recommend a lecture course to Women's Institutes as an interesting experience, and a factor for good.

Victoria, B. C., 1917.

History of Nursing

(By Miss Gertrude Snyder)

The History of Nursing is not in reality a History of Nursing, but a History of Medicine and Surgery from its earliest times, and to attempt in one afternoon to go into even the most important details of such a history would not be possible.

The art of nursing is one of the oldest, having been practiced in one way or another since the earliest times—not only are nursing procedures part of the history of all savage tribes, but are seen in the animal world. The cleansing of wounds by licking, the wounded animals who seek running water and stay in it days at a time until inflammation ceases, some birds (notably snipes) who put on a broken leg a sort of splint of strong reeds; the eating by animals of certain plants that act as emetics. All these and many more are instances that the art of hygiene and nursing is one of the most natural instincts, which even the animals possess.

Amongst primitive man there was as well a knowledge of hygiene —nursing—and the use of drugs and surgical procedures. The men of the tribes were the fighters, the women were the dressers of the wounds, while the old women were the herb gatherers and brewers. Massage was practiced, originating doubtless in the practice of pummeling the body to drive out evil spirits. The sweat bath was performed as a religious rite before going to battle; bleeding and cupping, opening ab-

scesses, amputation of the injured limbs, trephining, Caesarian section and vaccination were performed. The beginning of such procedures were inevitably the consequence of religious ideas. Sickness was caused by evil spirits, and we can well understand how insanity, delirium and convulsions could well be considered as arising from evil spirits. Hence, the medicine man, who was more priest than physician, and who offered incantations and performed the rites, associated with him to do the actual pummeling, beating, herb brewing, sweat baths, etc., the old women, who were supposed to possess great powers with spirits. These were undoubtedly the first nurses, although the word nursing does not appear until long after hospitals were established. Undoubtedly the reason for this was the fact that nursing is such a natural instinct it was never considered of sufficient moment to be mentioned. As religion and medicine were so closely interwoven, naturally the first hospitals were connected with the temples of worship and were places where the sick came, not to be cared for, but to pray or offer sacrifices.

In ancient Egypt the sick went to the temples of the Gods Osiris, Isis and Serapis. Isis was supposed to be specially interested in them and to bring help while they slept. In both Egypt and Babylon it was the custom to lay the sick in the streets, and there was a law requiring that the passers-by should give them what advice they could out of their own experience. Some of the prescriptions obtained in this way were written down and preserved in the temples. The ancient Persians had houses for the sick poor, who were waited upon by slave boys and girls.

In the old Hindoo villages there were hospitals for the care of sick travellers, and medical specialists were appointed to them. In Ceylon, in the fifth century before Christ, one of the kings established what was doubtless a true hospital. King Asoka, about the year 225 B. C., built eighteen hospitals. These public hospitals were also schools of medicine. The attendants in them were required to be competent to cook, to give baths, to prepare medicine, to handle bed patients, to get patients in and out of bed, to give massage, and to perform a list of duties not unlike those of the modern trained nurse. This must have necessitated some sort of instruction.

The Vedas, the sacred books of India, treat of medicine, of major and minor surgery, bandaging, poisons and their antidotes, and drugs; they also discuss nervous diseases, insanity, children's diseases, and genitourinary diseases. They contain much instruction in hygiene, and set forth the theory that disease is preventable. They teach that the chamber of a lying-in woman shall be very clean and well ventilated and that midwives shall have their nails cut short. They advise daily bathing, daily cleansing of the teeth with a special sort of stick, etc. They also say that physicians shall have their hair and nails cut short, wear white clothing, take a daily bath; that they shall not speak of what they have learned in confidence from the patient; they recommend that sweet-smelling drugs be burned in the operating room to pre-

vent devils from getting into the wound. In all their regulations there are hints of the germ theory of disease.

Moses has been called the greatest physician of all time. It is certain that he was a masterly sanitarian, and the practical application of his code will be appreciated when one realizes that he was in charge of a camp of more than a million people. All the principles of modern sanitation are anticipated in the Jewish law, and its methods are in accord with modern bacteriology.

As far back as 1134 B. C. there was at Epidaurus, in Greece, a temple to Asklepios, the God of Healing. It was a beautiful place, resembling some of our modern sanitoria. It was a house for those who came to pray to the god, and was a hospital only in the sense that the sick were cared for in it. The patients brought their own bedding; there were bath attendants and slaves who waited upon the sick. The Greeks did not feel it worth their while to care for any cases of illness but those considered curable. Persons hopelessly ill were often left to die in the streets. Obstetrics was done entirely by midwives, except that in difficult cases they sent for the priest. Maternity cases and the dying were regarded as unclean, and were put outside the city walls, to get on as best they might. This practice continued until about 140 A. D. The care of sick slaves was one of the duties of the mistress of the mansion. Wounded soldiers were nursed on the battlefield at public expense. In the time of Xenophon, 400 B. C., there was an organized medical corps in the army. All this work was utilitarian rather than humanitarian, however, since slaves were property and therefore valuable, and soldiers were the mainstay of the nation. Hippocrates, the Greek, who lived about 400 B. C., is called the Father of Medicine; he set forth principles which have governed the practice of medicine up to the present time. He taught that disease was not due to demons, but to the breaking of natural laws. He urged careful observation of the sick and taught the meaning of posture, expression, breathing, and other symptoms. His works give full directions about hot applications, poultices, etc.; teach that fever cases should have fluid diet, and advise cold sponging for temperature. He urged the necessity for clean, smooth bed linen; advised the use of mouth washes, light and regular nourishment for heart cases, and much fluid for kidney cases; suggested that the insane be kept occupied, that they be provided with music, etc. Most of these things we regard as modern nursing methods or discoveries.

The Roman knew a good deal about sanitation. Julius Caesar was the first statesman to recognize teachers of hygiene, and he had a regular medical service in his army. The old Roman hospitals were, in accordance with the Greek idea, only for slaves and soldiers; the nursing was done by women and old men of good character. In Roman ruins found in Switzerland there were discovered many nursing utensils, enema bulbs, tubing, rectal tips, ointment jars, etc. In Pompeii, which was destroyed in the year 79, there have been found many fine

surgical instruments similar to our own—scalpels, forceps, artery clamps, drills, elevators, obstetric forceps, and vaginal specula of modern pattern.

Early and Medieval Nursing.

Very early in its history the Christian Church founded institutions where the sick and helpless of all kinds were cared for. These were commonly built next the churches and were supervised by the clergy. The workers in them were called deaconesses, and were sometimes unmarried women, but more often widows. The first large Christian hospital was probably Basileus, at Caesaria, founded in the year 370. Macrina, a deaconess, was evidently its superintendent, or at least superintendent of nurses. A little later Chrysostom built two large hospitals in Constantinople. Olympia, a wealthy woman, who became a deaconess, nursed in both of them. About the year 300, Fabiola, a Roman lady, erected a house for the care of the sick. At the Council of Nice, held about this time, hospitals were mentioned as an established work, and were spoken of with enthusiasm. Paula, a noble Roman lady, founded at Jerusalem a hospital and a religious community for women.

Paula was a typical nurse of this period. She was an educated woman, and one historian goes so far as to pronounce her "the first trained nurse." She was doubtless one of the first persons who systematically trained nurses. An old English translation gives a quaintly vivid account of her work: "She was marvellously debonair, and piteous to them that were sick, and comforted them and served them right humbly; and gave them largely of such food as they asked. She was oft by them that were sick, and she laid the pillows aright and in point; and she rubbed their feet and boiled water to wash them."

The Deaconess Order may be regarded as the first Visiting Nurse Association, since deaconesses in apostolic times cared for the sick poor in their homes as well as in the hospitals. In the year 400 there were forty deaconesses serving as parish nurses in Constantinople; Phebe, mentioned by St. Paul, is regarded as *the first district nurse*. From her time visiting nursing has been done in one form or another in all civilized countries.

Nursing sisterhoods in great numbers were founded from about 500 A. D. on. The members were at first not bound by any vows and wore no distinctive dress. Later the clergy obtained control over them, directed their work and imposed vows. The Sisters of St. Elizabeth, the Sisters of St. Catherine, the Ursulines of Austria, the Lazarists, the Grey Sisters, the Black Sisters, the Sisters of Our Blessed Lady and other orders were established in those early days. The Beguines of Belgium, founded in the seventh century and continuing until the present, are a typical order. The members do not take strict vows and may leave the order at any time. They have always done both hospital and private nursing. Their large colony (Beguinage) at Ghent, consisting of small, separate houses, is a most immaculate and interesting little village.

Fully one-half of the nursing of medieval times was done by men, since it was thought improper for a woman to nurse a man who was not a close relative. There grew up many religious orders of men that included nursing among their other duties. Some of these are the Brothers of St. Anthony, Brothers of the Holy Spirit, the Begards, the Alexians and the Knights of St. John. John Howard, of England, who, about 1780, made an extensive investigation of hospitals, found some of the best work being done in hospitals belonging to brotherhoods.

There were a number of orders that included both men and women, such as the Brothers and Sisters of Mercy and the Brothers and Sisters of Charity. They worked together in hospitals, the Sisters caring for the women patients, the Brothers for men; they also went out to private duty. The members of all these orders were from the various ranks of society, but the nobles were executives and held the posts of honor, while the lower-class members did the rough manual labor. Three to six months' training in nursing was usually given.

From the time of the apostles many persons made pilgrimages to Jerusalem and other holy places. Both men and women made these journeys, and the practice became fashionable. In those days, travelling was slow and often dangerous, and hospitals were needed along the chief highways to care for pilgrims who became ill or those who were the victims of bandits. Many hospitals were thus established.

The Crusades, beginning in 1096 and lasting for nearly two hundred years, also made hospitals necessary along every great travel route in Europe. Men, women and children by thousands undertook the long journey to Palestine in a vain attempt to rescue the Holy Sepulchre from the "infidel" Moslem. Many of the great European hospitals had their origin in the work of caring for sick or exhausted Crusaders, and thousands of monks and nuns did noble service in them. Special orders sprang up to undertake this work, called by the general name of Hospitallers. The Knights Templars (an order which still survives in altered form), the Knights of St. Lazarus (whose cross is the emblem of the modern German Nurses' Association), the Teutonic Knights Hospitallers, and the Knights of St. John of Jerusalem, were some of the best known orders. Many of them continued their work in one form or another after the Crusades were over. The Knights of St. John was a typical order. They built their first hospital in Jerusalem, but removed it to Rhodes, and later to Malta. It was richly endowed by kings and nobles. The knights were men of rank, some of whom, with little or no training, prepared only by experience, undertook the work of physicians in the hospitals. The "half-knights," or serving brothers, were of a lower class, and doubtless did the actual nursing of the sick. The English branch of this order, founded in 1100, still maintains hospitals and does nursing. St. John's House, in London, was even, before Miss Nightingale's time, a famous nursing center. St. John's Ambulance Association and the National Association for the Aid of the Sick and

Wounded During War are branches of this order. The order had an active part in the establishment of the International Red Cross Society. An old description of the Hospital of St. John, in Malta, gives a striking picture. The building was magnificent in architecture, though the comfort of patients was little considered in its construction. The huge wards were high-vaulted rooms with very small windows. Their stone walls were hung with woollen curtains in winter, but must have been cold in winter despite them. Patients were housed and cared for according to their social standing, and the slaves, who constituted a large portion of the number, were assigned to what was practically the cellar.

When John Howard visited this hospital in 1789, he gave a rather poor account of its care of patients. He says: "The wards are all so dirty and offensive as to create the necessity of perfuming them. I observed that the physician, in going his rounds, was obliged to keep his handkerchief to his face. There were about 520 patients. They were served by the most dirty, ragged, unfeeling and inhuman persons I ever saw. I once found eight or nine of them highly entertained with a delirious, dying patient. The Governor told me that they had only thirty-two servants, and that many were debtors or criminals. At the same time I observed that nearly forty attendants were kept to take care of about fifty horses in the Grand Master's stables. In the hospital for women there were 230 patients. A more offensive and dirty woman's hospital I never visited."

From this and other descriptions it appears that in the early days of the nursing orders, while their founders were still alive, the proper spirit of service was maintained and the nursing was good. After the founders died, more and more use was made of servants, until the real care of patients came into the hands of persons who were too ignorant of any of the amenities of life and too wretchedly over-worked to give any adequate care or to maintain even decent cleanliness.

The great Arab dynasties, embracing all of Northern Africa and Spain, had hospitals which all historians agree were superior to those in Christian countries. Bass ascribes their excellence to the fact that they were controlled by physicians rather than by monks or warriors. The great hospital at Cairo, Egypt, founded in 1283, had chief physicians who held clinics for medical students. It had its wards classified, employed both men and women nurses, had streams of running water in some of the wards, fever wards cooled by fountains, and other comforts. Damascus and Alexandria had well-equipped hospitals under expert physicians. Bagdad employed sixty salaried physicians on its hospital staffs, probably the earliest instance of the paid staff. Cordova, in Spain, had forty government hospitals. The oldest hospitals still in existence are the Hotel Dieu of Lyons (France), founded by Clovis in 542, and the Hotel Dieu of Paris, founded by Bishop Landry in 650. They were almshouses, orphanages, refuges for travellers, etc., as well as being hospitals. The nurses in these hospitals were religious women who de-

voted their lives to charity, but were not at first nuns, in that they took no vows and did not wear a distinctive dress. Those in the Hotel Dieu at Lyons are referred to as "bed-room servants, penitents, repentent maidens," etc., and were often recruited from among women who had led a vicious life and wished to reform.

In the Hotel Dieu at Lyons one nurse cared for from ten to twenty patients, and at night there was but one nurse to one hundred patients. It was here that five patients occupied one bed. The first floor of the Hotel Dieu at Paris was originally a candle factory and later a public slaughter-house. It is said that the ward windows were nine feet above the floor and seldom opened. There was no separation of medical and surgical cases, nor of contagious and non-contagious diseases. The beds were of wood, painted black, and had heavy serge curtains and canopies. Two and four patients occupied one bed, in some cases being placed two with their heads at one end and two at the other. We are told of a crowded period when eight patients were assigned to one bed, four occupying it in six-hour turns, the other four lying upon the floor meantime. The day nurses went off duty at ten in the evening, and there was practically no night nursing. If a patient died in the night, his corpse remained where it was, usually in bed with a living patient, or upon the floor. Such conditions could hardly fail to brutalize the nurses, and the work must have been very hopeless of results. The Hotel Dieu of Paris was staffed by the Augustinian Sisters, the oldest purely nursing order. They served in this institution for twelve hundred years. The sisters were entirely subordinate to the clergy, who constantly interfered with the details of their work. The priests countermanded the doctor's orders at their discretion, had ideas of their own in regard to treatment, insisted that patients fast for the good of their souls, limited the Sisters' work in accordance with their own ideas of propriety, and sometimes sent them to prayers to the neglect of their patients.

There were few large hospitals of any sort before 1100. After that time trade increased, cities grew, and, though the church hospitals made ampler provision, their accommodations were insufficient, and the municipalities were compelled to undertake the care of the sick. City hospitals were built which shortly rivalled the Church hospitals in the size and beauty of their buildings. These municipal hospitals were usually in charge of a man who was not a physician, and who knew nothing of nursing. There was no superintendent of nurses and the results can be imagined.

The religious motive was lacking in the lay persons who undertook nursing in these city hospitals, the disagreeable features of the work assumed prominence, and nursing came to be classed with menial work. A certain amount of teaching in the traditional procedures of the care of the sick was inevitable, but it must have been little more than one nurse instructing another. In few hospitals was there any provision for people of means, and most of the patients were serfs or slaves, who were not

used to rights and did not expect consideration. The work of the doctors was fantastic, weird, and often brutal. In surgical work hot irons were used to control hemorrhage, or the part was dipped into boiling oil. Hot oil was commonly used as a dressing for wounds. Anæsthetics did not exist, and operations were done with the patients held upon the table by strong men. For the convenience of the doctors several patients were in the operating room at one time, where they saw and heard what happened to their companions. For medical cases care rather than cure was the rule. Illness was thought to be sent of God for punishment or discipline, and was to be endured as best it might. Chronic cases were very terrible because of the inadequate care. Bed-sores were common and horrible. Any infection in a hospital spread like wildfire, and in the end every hospital became a veritable pest-house. The horror of hospitals, which has existed up to our own day, doubtless had its origin in the middle ages.

Persons who had comfortable homes did not think of going to a hospital. They were cared for in illness by members of their own families or by their servants, maids or valets, or those accustomed to look after children. Often the children's nurses remained with the family and became sick nurses for their charges in their mature years.

Soon after the year 1600 Vincent de Paul, a man deeply religious and eminently sensible, established a lay organization that might be considered the forerunner of the modern Charity Organizations. Its members were mostly women, and its work was a systematic endeavor along all lines of benevolence. Mlle. de Gras and Mme. de Gossault were two of the most capable women who assisted Vincent de Paul. Under his supervision they trained young women for all sorts of charitable work, including nursing. In 1633 the work was organized as a definite order, with a central home in Paris, and was called the Sisters of Charity. In 1639 they were asked to undertake the nursing of several hospitals, and Mlle. de Gras trained them for this work. St. Vincent allowed the Sisters to take vows, but only for a year at a time, so that one might drop out of the order without criticism. He wished them to retain their secular dress. Within twenty years' time the order had nearly one hundred mother-houses, and the Sisters were in great demand for both hospital and private nursing. Later, during the Reign of Terror, the Government of France recognized them when all other religious orders were suppressed. Their fame reached its height early in the nineteenth century.

There was very little special apparatus, either in homes or in hospitals, for use in the care of the sick. Articles used by well persons were adapted as best they could be to the purposes of illness. Enema bulbs and tubes, catheters and dressing basins were about all that was available. Beds were of straw, and it was customary to remove the patients when they were made. Well-to-do families had two or three beds for the sick person, so that he might be changed from one to another. Draw-

sheets were of leather, as rubber goods were unknown. Stone jugs were used as bed-warmers. Invalid rings were in use for the many cases of bed-sores, but were of leather and stuffed with hair, moss, or feathers. After a time oiled cloth was invented and was used for draw-sheets. Bed curtains, usually of woolen or some material not washable, were in common use as a protection against flies and for privacy. Bed screens were invented in 1777, but were clumsy and not much used. Wards were at first heated by means of fireplaces and later by stoves, but the rooms were so large and high that either was decidedly inadequate.

Early English Hospitals and Nursing

The first hospital in England was doubtless that at York, built by Athelstane about 936. It was also a poorhouse and had a department for lepers. It boasted eight nursing Sisters. Lafranc, Bishop of Canterbury, built a hospital in that city about 1700. St. Giles' Hospital was built in 1101 by Queen Matilda. She also built St. Katherine's Hospital in 1148. Women of noble birth did nursing in these hospitals and district work in the homes of the poor. St. Bartholomew's Hospital, whose organization has been continuous to the present time, was built in 1123 by Rahere, formerly the King's jester, but then an Augustinian monk. It was the first building in England really worthy of the name "hospital," but it was at first a poorhouse and orphanage as well. It was nursed by eight monks and four nuns. In almost every town there were hospitals in connection with the Church, where the sick were cared for by monks and nuns. In England and on the Continent there were hundreds of so-called leper hospitals. Under the term "leprosy" were doubtless included lupus and other forms of tuberculosis and syphilis.

There were almost no doctors in those times, and none at all outside the important prescribers for the community, while noble women who had great retinues of servants and dependents to look after, also developed skill in the art of healing. Educated persons, both men and women, were taught a little "physic" and surgery as part of their schooling. It is doubtless a survival of these old-time ways that causes so many of the laity at the present time to feel that a nurse should know what is "good for" certain ailments. The artificial division between doctors' and nurses' work has rarely been recognized by the people at large.

After the Reformation (1517) monastries were everywhere suppressed, and the Church hospitals were taken over by the cities. The nursing went into the hands of the servant class, whose best work was very poor. A good deal of what we regard as nursing was done by the doctors, and wherever there was a medical school the students did hospital nursing. The personal services of bathing, attending to excreta, etc., were considered servants' work, pure and simple. The *dark period of nursing*, so-called, began about 1675, and continued until recent times. There was "a complete and lasting stagnation, and it was forgotten that a refined woman could be a nurse, except perhaps in her own family. Nursing in any real sense of the term practically ceased to exist. Solely

among the religious orders did nursing remain an interest and some remnants of technic survive. Nurses were so ill-fed, overworked, and ill-treated that no one would undertake the work who could get anything else to do. The average nurse was lacking both in skill and morals. Some of the hospital rules set forth in 1789 suggest the state of affairs: "No dirt, rags or bones shall be thrown from the windows. Nurses are to punctually shift the bed and body linen of the patients, viz.: their sheets once a fortnight, their shirts once in four days, their drawers and stockings once a week or oftener if found necessary. All nurses who disobey orders, get drunk, neglect their patients, quarrel or fight with other nurses, or quarrel with men, shall be immediately discharged."

The Deaconess Movement and Its Contemporaries

In apostolic times there were, as we have learned, deaconesses, who looked after the sick and poor. They were, in effect, a branch of the clergy, since they took part in the services of the Church. They flourished for three hundred years.

In the fourth century the order began to decline. Monastic orders became popular, and the custom was established that led women who were interested in good works to cut themselves off from the world by vows. Deaconess nurses were therefore no longer heard of, and during the Middle Ages monks and nurses were the only people who professionally nursed the sick.

Some of the more advanced doctors of England felt the need of help from women of a better class than most of the nurses were. About 1825 Dr. Robert Gooch tried to induce either the Methodists or Quakers to "establish an order of women, selected for their good sense, industry, kindliness and piety. Let them be placed as pupil nurses in the hospitals of Edinburgh and London. Let them be examined frequently as to what they have learned. Let books be framed for them, brief and intechnical. Let the women thus educated be placed two together in a cottage in some country district, and villagers would soon have reason to bless the hour that they came." Here we find the germ idea of the training-school connected with a hospital, of nursing text-books, of nurses' examinations, and of district and rural nursing. Other prominent persons tried to set going similar plans. Elizabeth Fry, who had given such conspicuous service in prison reform, was interested. Her sister and daughter, urged by Dr. Gooch and by Robert Southey the poet, succeeded in 1840 in establishing an organization called the "Protestant Sisters of Charity," which name was later changed to "Protestant Nursing Sisters." The training which they had at Guy's Hospital, London, was what we should call hospital visiting; they lived outside and went to the hospital for only a few hours a day to work under the doctors and untrained ward nurses. They seemed to have no classes nor theoretic work. They were prepared to be attendants in private homes. The order is still in existence. In 1845 Miss Sellon formed the order of Protestant Sisters of Mercy. They did some nursing among the poor. The first

purely nursing order of the English Church was founded in 1848 at St. John's House, London, under Bishop Bloomfield. The nurses were required to be members of the Church, and were supervised by a clergyman, but had, in addition, a lady superintendent. They were sent to hospitals for training, but lived at St. John's House. They had religious instruction and frequent prayer services, but nursed only a few hours a day. In 1856 the order was reorganized, and the probationers spent an entire year in the hospital. Six nurses from St. John's House went to the Crimea with Florence Nightingale. All these orders may be considered as the immediate forerunners of the modern training school for nurses.

Theodore Fliedner, the young pastor of a small parish at Kaiserswerth on the Rhine, in 1822, went on a trip to England to beg money for his Church work. He was much impressed with the philanthropy which he saw in the countries he visited; with the prison work, hospitals, etc. "When he came back from this trip Fleidner brought with him a larger knowledge of the art of caring for the helpless than any other person living possessed." He had found deaconesses at work in Holland and took much to heart the idea that this order should be revived. He knew that the work could not be undertaken without the help of a woman. Soon after Fliedner married Frederike Munster, a remarkable woman. In her early years she had founded an institution for the care of children and had shown initiative and organizing ability.

Fliedner well knew how poor the nursing was in even the best hospitals of the time. Frederike was as interested as he in the plan of reviving the deaconess order and of training its members in nursing. They fitted up a building for a hospital and deaconess home. On October 16th, 1836, the first patient, a servant-girl, was admitted to the hospital. The first nurse deaconess was Gertrude Reichardt, a woman of forty-eight, daughter of a doctor, who had helped her father with his private practice and in the war. Six other women came that first year to be deaconesses.

Nursing was the deaconesses' chief work, but they also cared for prisoners and orphans. They had a good deal of Bible study, and took their turn in kitchen, laundry and garden. Frau Fliedner was practically the superintendent, and Fliedner himself always gave her the credit of the success of the work. In her journal she wrote out notes on nurses' training, which have become the standard of Kaiserswerth work to this day. Her journal is, in effect, the first work on nurses' training ever written by a woman. The little institution was so excellent that it soon became well-known and many visitors came to it to study methods. Elizabeth Fry was there in 1840. After six years of overwork, in 1842 Frederike died. A little later Fliedner met Caroline Bertheau, who was in charge of the nursing in the General Hospital at Hamburg, and married her. She took charge of his establishment, and remained at the head of the work for nearly forty years up to about 1884. Ten years after the founding of the mother-house at Kaisersworth there were over

one hundred deaconesses in it, and the work had begun at several other stations.

When Fliedner died, in 1864, at the end of twenty-eight years of work, there were thirty-two deaconess houses, and sixteen hundred deaconesses were at work in four hundred fields. In 1850 Florence Nightingale visited Kaiserswerth for two weeks, and in 1851 she came for four months' training. She was very happy there, though she found somewhat to criticize. She knew that it was the best nurses' training that was to be had, but it was far from her ideals.

According to the original plan, deaconesses take no vows, receive no salary, and are taken care of for life. In America these customs have been modified. The work is chiefly among the poor. Deaconesses work in almshouses, have charge of orphanages, teach children, work among prisoners or unfortunate women, or do private nursing. They have helped in many epidemics and in many wars. The order is distinctly a religious one and under the control of the clergy. This power of the pastors has sometimes interfered with the work of nursing, and some branches have seemed inclined to sacrifice efficiency to religious zeal, and to interfere with the nurse's personal relations or her mental development. Sister Gabriele, a very spirited German deaconess, left the order because of its restrictions, and stirred up a great deal of comment. The "Free Sisters" of Germany began, in the latter part of the nineteenth century, to protest against these methods of repression and subordination. They finally organized and have done much for the deaconesses of Germany. Fliedner himself appears to have been always sensible and practical and to have used his authority wisely. Some of Fliedner's Rules for Self-Examination of the deaconesses were:

"Do I take care that the ward is aired and arranged at the proper time?

Have I listened attentively to the direction of the physician, and observed punctually his orders as to medicine, diet, etc. (only verbal orders were in use), using no remedies not prescribed or sanctioned by him?

Am I careful to inform him of the patient's state, and of the particular effects of medicine administered?

Do I see that the patient's clothes, diet, etc., are sufficient and of the right kind, and have I attended to their bodily wants kindly and faithfully?

Have I been prudent and careful in using the provisions and appliances of the hospital?

Have I been obliging, cheerful, patient and watchful?"

Modern training schools for nurses have inherited much from the deaconess organizations and especially from Frau Fliedner's regime. The probationary system, letters from clergyman and doctor, as to character and health, allowance of pocket money, grading of nurses from probationer to head nurse, superintendent at the head, class work and

lectures, the principles of discipline, etiquette and ethics. The deaconess hospitals took the view, at that time rather unusual, that a nurse must follow out the doctor's orders exactly, and that he and not she was responsible for the outcome. They did not admit "lady probationers," as did the English hospitals, but insisted that all nurses be on the same social level. They required that nurses sent out to private duty be treated as members of the family, not as servants; and they saw to it that they were allowed proper time for rest.

Florence Nightingale and Her Work in the Crimea.

The general dissatisfaction with the nursing of that day, the abortive attempts of many good people to give training to nurses, and the success of the Deaconess Order all paved the way for the coming of a woman whose ability should be equal to the task before her. Florence Nightingale can hardly be considered a product of her time, since she was far ahead of and beyond it, but she found the time ripe for her genius as the founder of modern trained nursing.

Her parents were well-to-do English people, cultured, remarkable for their sincerity, high ideals, and deep mentality. Florence, the youngest of two daughters, was born in May, 1820, in Florence, Italy, and was named for that city. When she was five her parents returned to England. While she was still a little girl she showed her kindness of heart and her wish to be helpful by nursing sick animals. When she was in her teens she visited among the sick poor of her neighborhood and did what she could for them. Among her relatives she was ready and competent in illness.

Soon after she was twenty she asked her parents to permit her to go into a hospital and learn to be a nurse, so that she might care for the poor people of her own neighborhood. They knew something of the dreadful conditions then existing in hospitals—that the majority of nurses were of a low, rough class—and could not bring their minds to the thought of their daughter doing such a thing. She would not go without their consent, and the situation grieved her greatly. She believed that an earnest life must express itself in work for humanity, and that "the service of man is the service of God." She longed for the chance to be helpful in a large way.

By the time she was twenty-four she had definitely decided that she ought to undertake the work of nursing. Her family still did not sympathize with her thought of service to the world, but tried to make her see that her place was at home in the ordinary routine of woman's life. For years they tried, by travel and social life, to distract her from her purpose. She had long trips on the continent, studied music in Italy, played and sang. She met many prominent persons and many brilliant ones. She was introduced in Paris society by the famous Madam Recamier. For years she tried to interest herself in these things and to bring herself to the viewpoint of her parents; but she never succeeded in getting away from what she felt was a call from Heaven.

She was a student of deep and difficult subjects. It is reported that Sir Henry de la Beche said of her: "A capital young lady that, if she hadn't floored me with her Latin and Greek." While not actually beautiful, she was rather attractive. Julia Ward Howe said of her: "She was elegant rather than beautiful, tall and graceful of figure, her face mobile and expressive." Mr. Osborne described her as follows: "She is just what you would expect from any well-bred woman of her age. Her manner and face are prepossessing. Her face is not easily forgotten, pleasing in its smile, with an eye betokening great self-possession, and giving a quiet look of determination. Her general demeanor is rather reserved; still I think she has a lively sense of humor. She speaks on matters of business with a grave earnestness one would not expect from her appearance. She has a mind disciplined to restrain under action every feeling which would interfere. She has trained herself to command, and learned the value of conciliation and self-restraint. I fancy she is a strict disciplinarian."

In her trips on the continent she had visited and studied hospitals in France, Germany, Belgium and Italy. She had also seen those of Great Britain. She had in mind to establish a sort of Protestant Sisterhood, not unlike the Deaconess Order, in which educated women should devote their lives to the relief of sickness. She had heard of Kaiserswerth and Fliedner's work, and longed to go there for training. While at home she studied medical and sanitary matters and political economy. Her family still tried to divert her from these ideas.

In 1850, when she was thirty years old, she was able to stop at Kaiserswerth for a two weeks' visit. The next year she was allowed to go there for four months' training. She realized then for the first time her wish for practical instruction in nursing, though the training which she got was inferior to that which she later developed in her own training classes. While not satisfied with it, she felt that it was the best to be had and was very happy there. When she left Kaiserswerth she spent some time in the hospitals of Paris, doing actual work with the Sisters of Charity, seeing the work of brilliant French surgeons and learning much of value.

In August, 1853, she took charge of the Establishment for Gentlewomen During Illness, in Cavendish Square, London. She was eminently successful in the position, both doctors and others being impressed with her ability. With great tact she managed a situation at which she was most impatient. Her Board was intolerant and could not see that the comfort and welfare of patients was more important than petty rulings; but her diplomatic methods achieved results without giving offence. (She wrote her family with a keen sense of humor: "My Committee refused to let me take in Catholic patients, whereupon I wished them 'Good morning.' Now it is settled that we are to take all denominations and allow them to be visited by their respective priests, providing that I will meet the obnoxious animal at the door, escort him up-

stairs, and bring him down again. To this I have agreed. Amen. From Committees, Charity and Schism, from the Church of England and all other deadly sins, from philanthropy and all deceits of the devil, good Lord, deliver us. I do all my business by intrigue, which I resolved I never would. I wrote out a series of regulations, and presented them to the Committee, not telling them from whom they came. They passed them. I showed them to the medical men; they had them up in two meetings and approved them, thinking they were their own.") Not long after, King's College Hospital approached her and asked that she become their Superintendent of Nurses. She was preparing to accept this offer and had begun to plan work there when the call to the Crimea came.

Russia was at war with the combined forces of England, France and Turkey. In the fall of 1854 it became apparent that the medical system of the British army was utterly inefficient. Division of responsibility, official red tape, and lack of nurses made the condition of the wounded after a battle a disgrace. The facts became known and public appeals were made for help and supplies. Miss Nightingale read the appeals, and they came to her as a call from God. This was what she had been waiting for so many years, a field worthy of her powers. She wrote to Sir Sidney Herbert, Secretary of War, whom she knew personally, and offered her services. She began at once to arrange a plan for financing the sending of nurses and supplies, using her own money and getting pledges from friends. Meantime the Secretary of War had settled upon Miss Nightingale as the one who should undertake the organization of a band of nurses to go to the Crimea and care for the wounded. He wrote her: "I know of but one person in England capable of carrying out such a thing—yourself. Upon your decision will depend the success or failure of the plan. Your own personal qualities, your knowledge, your power of administration, your rank and position in society, give advantages which no other person possesses." With rare insight he added: "If the work succeeds, an enormous amount of good will be done now; and a prejudice will have been broken through which will multiply the good to all time." His letter passed Miss Nightingale's in the mail, and both had their answer.

Five days later Miss Nightingale had received her official recognition and instructions from the Government. Two days after, on October 21, 1854, she set out for the Dardanelles with thirty-eight nurses. Her nurses were Roman Catholic and Anglican Sisters, lay nurses from St. John's House and others. Some of them were not a success and returned after a brief service. She herself regarded only about half of them as efficient. More nurses went out later, until the whole number was about one hundred and twenty-five.

The nurses arrived in two weeks' time at Scutari, just across the strait from Constantinople. Here, in one of the most beautiful situations in the world, were four large hospitals. The Barrack Hospital was

given to Miss Nightingale and her nurses. It was supposed to accommodate 1700 patients, but at that time there were between 3000 and 4000. There were four miles of beds, set eighteen inches apart. Miss Nightingale was given charge of 1500 patients. The nurses' quarters were very small, dirty and swarming with rats and vermin. Five and six nurses roomed together, using the same room for all their meals.

The wards, badly crowded, had no proper ventilation, and were dirty and unsanitary beyond description. The toilet accommodations and the plumbing were as bad as could be. The beds were mostly of straw, and many of them were laid directly on the floor. The few sheets to be had were of canvas, and so rough that the men begged not to have them used. Practically no laundry was being done; there was no hospital clothing, and the patients were still in their uniforms, stiff with blood and covered with filth. There was no soap, nor towels, nor basins, and very few utensils of any sort. Every place swarmed with vermin. There were no knives nor forks, and the men ate with their fingers. The food was badly or half-cooked, and the very ill patients had practically nothing which they could eat. It took four hours to serve a meal.

There was a great deal of cholera and contagious fever. Fully as many soldiers died of disease as of wounds. The death rate was 42 per cent. of the cases treated. Miss Nightingale had been officially assured that there was plenty of supplies on hand. She found that some of them had been sent to the wrong ports or were buried under munitions and could not be got. There were eight distinct departments concerned with military affairs, little co-operation, and an amount of official red tape that made it nearly impossible to secure supplies which were in store. Only part of the army officers and surgeons were friendly to the idea of introducing women nurses. The nursing had been done by untrained orderlies and soldier servants, whom the doctors considered as good as need be. They felt that the women were interfering and troublesome.

"What was neded was bold initiative. This Miss Nightingale supplied. She boldly assumed responsibility, and did herself the things which she could find no one else to do. She applied an expert's touch and a woman's insight. She is popularly thought of as a gentle nurse. Those who knew all the facts spoke of her as a commanding genius." When she could not get official help quickly, she used her own funds. She fitted up a laundry and employed soldiers' wives to do the washing. She opened five diet kitchens in different parts of the building, so that the sickest patients might have proper nourishment. She reported the condition of the buildings to the authorities at home, and repairs were quickly made. She directed her nurses to work only with doctors who wished their services, and to do nothing for the patients of other surgeons. She knew that they must win their way by patience and good work. She insisted upon strict discipline among her nurses. Her nurses were far from being well trained, and made her realize every day the need of proper instruction for them. She writes of some of them: "They

are excellent gentlewomen, more fit for Heaven than for a hospital. They flit about like angels without hands, and soothe souls while they leave bodies dirty and neglected." She kept the less-efficient nurses under her own eye, putting the better ones in places of responsibility elsewhere. She speaks in keenest appreciation of those whom she regarded capable: "Mrs. Roberts is worth her weight in gold; she is one of the most important persons in our expedition. Mrs. Shaw Stewart, without her our work would have come to grief. Mrs. Drake is a treasure. Rev. Mother Moore, far above me in fitness for the General Superintendency." In two months Miss Nightingale had transformed the hospital. In six months she had reduced the death rate to two per cent. and had won over most of the surgeons. Lord Raglan, the commander-in-chief, gave her his cordial support and spoke of her as an auxiliary general.

With all her fearlessness in the use of authority and all her attacks upon bad administration, she was still the womanly, gentle nurse. Two famous quotations describe this aspect of her work. One of the soldiers wrote home: "What a comfort it was to see her pass. She would speak to one and nod and smile to many more. She could not do it to all, you know, for we lay there by hundreds, but we could kiss her shadow as it fell and lay our heads on the pillow, again content. Before she came there was such cursing and swearing, but after that it was as holy as a church." MacDonald, war correspondent of the London Times, said: "When all the medical officers have retired for the night, and silence and darkness have settled down upon those miles of prostrate sick, she may be observed with a little lamp in her hand making her solitary rounds. As her slender form glides through the corridor, every poor fellow's face softens with gratitude at the sight of her."

Sir Edward Cooke says: "The popular impression of Miss Nightingale is that of a girl of high degree who, moved by a wave of pity, forsook the pleasures of a fashionable life for the horrors of the Crimean War; who retired after it into private life, varying her seclusion only by good deeds to hospitals and by sentimental pieties. This legend is remote from the truth. The real Florence Nightingale was greater. Her earlier years show a girl of high natural ability feeling her way to an ideal. Her life was built on larger lines, her work had more importance. She had already served her apprenticeship when the call to the Crimea came. It was not a call to sacrifice, but to the fulfillment of her dearest wish for a life of active usefulness. A certain man who knew intimately some of the greatest intellects of the time said of Miss Nightingale that hers was the clearest brain he had ever known in man or woman. Her character was stronger, more spacious, and, I feel, more lovable than that of the Lady of the Lamp."

In the summer of 1855 the work was lighter, and she was able to make a tour of inspection of the hospitals of Balaklava. She went over them carefully, planning changes and improvements. One evening she

complained of being tired, and it was found that she had contracted Crimean fever. She was desperately ill, and came very close to death. The soldiers wept when they heard of her illness, and all England waited the outcome in anxious suspense. In a few weeks she was better, and, refusing to take more rest, went back to Scutari.

Early in 1856 peace was concluded and the nurses' work became lighter. The hospitals were closed one by one, and the nurses went back to England. Miss Nightingale left last of all, returning in July, 1856.

Florence Nightingale's Later Work.

Despite her retiring disposition and her efforts to escape publicity, Miss Nightingale became a popular heroine. All sorts of honors were done her. While she was still in the East, Queen Victoria had sent her a wonderful brooch set with diamonds. The Sultan of Turkey had presented her with a diamond bracelet and a sum of money for the nurses and hospitals. Before her return to England public meetings were held in her honor, but she would not allow them afterward.

Her work in the East had been far more than the mere setting right of great hospitals and the organizing means to secure comfort for thousands of wounded soldiers; it had broken through the prejudices of ages, and had put all womankind on a higher plane of life and work. She not only opened up a new profession for women, but also gave the world a new conception of woman's place in the world. The effect was both immediate and far-reaching.

While she was still at work in the Crimea a movement sprang up in England to honor her in some permanent manner. Sir Sidney Herbert suggested a fund which should be used to provide training for nurses, and for their living and protection. To him must be given the credit of devising means for founding the training of nurses with proper prestige and efficiency. Many prominent persons contributed largely to the "Nightingale Fund," and it soon amounted to £40,000 ($200,000), one-tenth of it being given by the British army. Miss Nightingale deeply appreciated what was done and accepted the task of administering the fund.

The long strain of work and responsibility had undermined her health, so that she never again worked with any physical vigor. Upon her return from the East she took no rest, but went at once to work upon what seemed to her the two most vital matters—army reform and the establishment of trained nursing. St. Thomas' Hospital was selected as the place for the experiment of training nurses in a new and systematic way upon a non-religious basis. As was nearly always the case in other pioneer efforts along this line, most of the doctors on the hospital staff opposed it. Of one hundred physicians whose opinion was asked, only four favored it. They felt that the nursing at St. Thomas' was very good as it was and saw no need of change. They themselves had given the nurses what little training they had received, and said: "Nurses are in much the same position as housemaids, and need little teaching beyond

poultices—making and enforcement of cleanliness and attention to patients' wants." One doctor said publicly: "A nurse is a confidential servant; but still only a servant. She should be middle-aged when she begins nursing; and if somewhat tamed by marriage and the troubles of a family, so much the better." Only a few took the opposite view and understood what the movement meant. One physician wrote: "A trained and educated nurse would soon become most popular and trusted. She would co-operate with the physician in a most efficient manner, her presence would inspire the patient with confidence, and she would be the means of restoring peace and order to a distracted household." It had been hoped that Miss Nightingale would take personal charge of the school, but her health would not permit it. She was not even able to go to the opening exercises. Mrs. Wardroper, a woman of strong personality and previous executive experience, was chosen for the position, but for years Miss Nightingale acted as chief adviser on every detail of the work. In June, 1860, fifteen selected probationers were admitted for training at St. Thomas'.

They worked alongside the old-style nurses, whom they only gradually replaced. The course of training was only one year, though nurses were required to remain in the hospital for three years. (For the first year they were called probationers; for the second, "nurse"; for the third and after, Sister (head nurse). It was long before the time of training was increased. The Nightingale nurses were never designed for private duty, but for executive positions in hospitals. They became the pioneer heads of training schools all over the world. Scotland, Canada, United States, Australia, and even Germany, obtained heads for many of their early training schools from among the Nightingale nurses. Up to 1890, during its first thirty years, the school trained 1005 nurses. Miss Nightingale herself selected most of the candidates for training. She was especially keen at character reading, and almost unerring in her judgment of people. Those who saw the early Nightingale nurses were struck with "the bright, kindly and pleasant spirit which seemed to pervade them." She always called the nurses her "daughters." With Miss Nightingale as instigator of all details and methods, the work proved a success. The doctors were one by one convinced of the superiority of the new method and gradually came to voice their approval. They found their own work lighter and their field broadened, because they were able to do things which they had not before attempted on account of incompetent help. The fame of the school spread quickly through all countries.

From about 1860 she rarely went out, and for many years did most of her work from her bed; but she worked with a vigor and efficiency that few well persons do. She lived in London with only her servants and her secretary, who was always a man. She saw many people, but only on business. She is known to have refused to see queens and princesses when they came for social calls, though she always admitted any one who came in the interests of the army or of nursing.

Besides her controlling interest in the Nightingale School, she gradually came to be adviser-in-general to the whole United Kingdom upon everything pertaining to hospitals and nursing. She was called upon to criticize plans for new hospitals, to advise in every detail of construction, equipment, management, and question of policy. She helped in the starting of many schools of nursing, and wrote thousands of letters upon nursing subjects. Every new phase of nursing was brought to her for criticism and approval. Those who organized some of the early training schools in America came to see her before starting them; when the matter of state registration for nurses came up in England, she was the leader of the opposition and the chief cause of its defeat. In short, throughout her whole long life, there was hardly a move made of any importance to the nursing world in which she did not have a part.

Her "Notes on Hospitals," published in 1858, is considered the most valuable work of the kind that has ever been produced, and it revolutionized hospital construction. Before her time hospitals had beautiful and imposing buildings, but they were sadly lacking in all things pertaining to the intimate care of patients. Her practical mind and deep sympathy made her hammer away at details, necessary if uninteresting, until she convinced at least a part of her generation that the comfort and welfare of the patient is really the chief consideration, and that sanitation is more important to a hospital than architecture. Her "Notes on Nursing," published in 1859, always has had an enormous sale, and is still, after fifty years, a standard work. It was one of the first textbooks on nursing, and is one of the best books ever written on domestic sanitation.

Sir Edward Cook, who had access to intimate family records which no one else had, says of the latter part of her life: "For a few years after she was seventy-five she was able to enjoy life; then her powers gradually failed. She had outgrown the weakness of heart and nerves of her middle life, and though she still kept her room, she now (1900) made an impression of vigorous and robust old age. She had worked actively up to this time. For the last fifteen years of her life she seldom left her room. Her eyesight failed, her power of writing went. In 1902 she was persuaded to have a companion, who was really her private secretary. Two Royal decorations for her services in the army and elsewhere were bestowed upon her in 1883. The crowning honors of her life, when in 1907 King Edward conferred upon her the Order of Merit, and in 1908 granted her the Freedom of the City of London, came to her when memory and apprehension were failing."

She died in August, 1910, aged ninety years and three months. Her family was asked to allow her to be buried in Westminster Abbey, but they knew her wishes and refused. She was laid in the family plot in Hampshire, and the only mark upon the grave is a small cross with her name and the dates. Public monuments to her have been set up in

Florence, Italy; in Derby and Milbank. In 1915 there was one unveiled in London.

Early Canadian Hospitals.

The first hospitals in America (excluding those in Mexico) were in Canada. Their work was distinctly religious, and was begun and continued with a missionary zeal which gave it a superior quality.

Quebec.—About 1625-30 a group of Jesuit priests who went to Quebec found more or less illness among the Indians whom they were trying to evangelize, and made appeals to France for help. A band of Ursuline Sisters went out in 1639 with the idea of teaching the Indians, but as soon as they landed so many sick people were brought to them, some stricken with smallpox, that they were presently engrossed in nursing. They built a hospital, the ruins of which may still be seen at Sillery. They also cared for the sick in their homes, and taught the savage women to nurse, finding them good pupils. The Indians grew to love these devoted women, and their hospital was always crowded with the poor and helpless. In 1658 they built in Quebec itself a larger hospital and called it the Hotel Dieu. It stood on the spot where the present building of that name is, and has always been a part of the life of the community.

Montreal.—The first hospital at Montreal, also named the Hotel Dieu, was built in 1644. It was founded by Mlle. Jeanne Mance, a woman of beauty, culture and ability, who had come with a group of colonists in 1642. She was the only woman in the colony with the exception of the wife of one of the men, and had been sent on her mission by Madam de Buillion, who furnished the funds. Though Mlle. Mance was not a nurse, and there was but one physician in the country (Dr. Etienne Bouchard), she opened a hospital in her own house and for sixteen years cared for the sick of Montreal. She had, in time, as assistants a few women who came from France with additional colonists, but she herself was the one competent nurse. In 1659 she went to France and brought back with her three Sisters of the Hospitalleres of St. Joseph—Judith de Bresoles, Catherine Mace and Marie Maillet. She herself did not regard the hospital as truly founded until the arrival of these women. The Government gave land for hospital purposes and a building was erected. This hospital has given continuous service ever since, under the same Sisterhood. Mlle. Mance's portrait hangs in the hall of the present building. Parkman, the historian, pays high tribute to the work of these women: "It is difficult to conceive a self-abnegation more complete than that of the hospital nuns of Montreal and Quebec. In the almost total absence of physicians, the burden of the care of the sick and wounded fell upon them. Nearly every ship from France brought some infection. The nuns died, but never complained. Removed from the arena of political strife, too busy with practical benevolence to become a prey to illusions, they were models of that

benign and tender charity in which the Roman Church is so rich." Some time later the Sisters of Charity came to Canada and began an extensive nursing and hospital work.

References from Nutting & Dock's and Goodnow's History of Nursing.

Editorial

With this issue ends the first year of the Canadian Nurse as the official organ of the Canadian National Association of Trained Nurses. As can be seen by the report in this number, the difficulties and worries have been many, but, after the general discussion and warm interest shown at the Montreal meeting, we feel secure in the thought that every Canadian nurse will realize her own individual responsibility and help the Association by every effort in her power. It is earnestly hoped that the increased price of $2.00 a year, which is to start the new year, in September, will be generously responded to. The increased price of production and general expenses have made one of two things inevitable—more money must be forthcoming or the magazine must go out of existence. The subscription price was felt to be too small, and the sense of the meeting was that Canadian nurses will loyally support their own professional journal and willingly pay $2.00 a year—hardly the price of attending the "movies" twice a month.

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The good wishes of Canadian nurses will go to the new President, Miss Gunn, in her arduous work in the C. N. A. To Mrs. Brown, who, through the three trying years of her presidency, did so much to make the Association truly national, the Association owes much. It is not easy to lead any organization through hard times and to work as she did on the finances of the Canadian Nurse, which began with no funds and every nurse feeling that money was needed everywhere for patriotic purposes, and bring it through, shows the labor and time spent.

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Let us all work hard in Association work and with the broadest outlook the coming year.

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NOTICE.

With the September issue the price of the Canadian Nurse will be raised to $2.00 a year, or 20 cents the single copy. Club rates of $1.50 for ten subscribers.

Chief Superintendent's Annual Report, 1916

(Continued from last month)

Miss Elizabeth Hall, our former efficient Assistant Inspector, has been in charge since October. Notwithstanding these changes, and a great shortage of nurses, we find the following: 5,039 patients have been cared for, an increase of 2,331; 35,761 visits have been made, an increase of 15,047.

Besides the nursing work, the post-graduate course in district nursing and Social Service Work is being given in Toronto, including attendance of the students at lectures in connection with the Social Service Course in Toronto University, and a reference library for the nurses has been installed in the home. This branch has now a Central Home at 281 Sherbourne Street, and a very attractive branch home in Parkdale, accommodating five nurses. Efforts are now being made to secure more accommodation and, as soon as one can be secured, a second assistant is to be appointed, whose duties will be supervising alone. This branch has been giving nursing care to the industrial policy holders of the Metropolitan Life Insurance Company during the year. The arrangement has proved mutually satisfactory.

The Hamilton branch had a very good year. They report an increase of 601 visits. A fourth nurse has been added to the staff. Dundas reports a very satisfactory year; they have done excellent work in general nursing care as well as in Child Welfare and School Nursing, and are planning to improve their School Nursing still further. This will necessitate the employing of a second nurse. Preston, Kitchener, Galt and Hespeler all report a good year. The reports from Brantford, London, Stratford and Woodstock are very gratifying. Brantford reports an increase of 1506 visits. Splendid work is being done in Child Welfare, as one nurse is employed especially for that branch of the service. Six thousand three hundred and fifty-six visits were made in London in

1916, an increase of 716 visits. An extra nurse was added to the staff, so that more time might be given Child Welfare and pre-natal work. The Stratford district is in very good condition and is growing in favor steadily. Woodstock has kept up its good record, and reports increases.

The Gravenhurst and Bobcaygeon districts are doing well. School Nursing is being done in both very acceptably. In Bobcaygeon, successful efforts have been made during the year to extend the nursing service into the country parts.

The hospitals at Copper Cliff, North Bay, New Liskeard, Cochrane and Chapleau have had a busy year. The Lady Minto Hospital at Cochrane, Ontario, was opened last May and has given excellent service from the very beginning. It is an attractive little building, accommodating twenty patients; is one of the few buildings that escaped the disastrous Porcupine fire of July 29th, and that escape was almost by a miracle. During the seven months the hospital has been opened 136 patients were cared for and 2674 hospital days reported.

The districts at North Bay and Cobalt are very satisfactory. North Bay is considering the important question of School Nursing and it is hoped that by next year the School Nursing will be well established.

In Manitoba we have five branches: Districts at Winnipeg and Roblin and hospitals at Shoal Lake, Swan River and Minnedosa. The work in Winnipeg is very satisfactory. They have now eight nurses there; an extra one was added the past year; 9429 visits were paid, an increase of 1324 during the year. The Child Welfare and pre-natal work are receiving attention, but another nurse is needed so that still more of that preventive work may be done. In Winnipeg, as in Montreal and Toronto, the order has quite outgrown its living quarters. Very good work was done in the country district at Roblin. At present the district is waiting for a nurse.

In Saskatchewan there are eleven branches: A district at Saskatoon, hospitals at Yorkton and Edam, and country districts at Hyde Park, Fairlight, Cut Knife, Central Butte, Paynton, Jedburgh and Meota. The Saskatoon district is very satisfactory; 1776 visits were paid, an increase of 364, and the Treasurer reports the finances in good condition.

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

The Edith Cavell Chapter is helping at the Red Cross rooms on Thursday afternoons during the hot weather.

Nursing Sister Sare has been home on furlough, but has returned to duty.

Miss Baikie is at the General Hospital, Sarnac.

THE DAY—THE WAY

"Not for one single day
Can I discern my way;
But this I surely know:
Who gives the day
Will show the way,
So I serenely go."

—HELEN DESBRISAY,
Secretary-Treasurer.

SOME—AND SOME

Some have much and some have more,
Some are rich, and some are poor;
Some have little, some have less,
Some have not a cent to bless
Their empty pockets, yet possess
True riches in true happiness.
To some—unclouded skies and sunny days,
To some—gray weather and laborious ways;
To all—Thy Grace;
To those who fall—Thy tenderness.

—J. OXENHAM.

Hospitals and Nurses

NOVA SCOTIA

An informal dance was given at the home of the V. G. H., Halifax, by the Superintendent, Miss Pickels, in honor of the three graduates, Misses M. Buchanan, Rita McDonald and Colley.

Mrs. Bligh, Secretary of the N. S. G. N. A., returned recently from Montreal, where she had been attending the conventions. She also visited Toronto and Ottawa.

Nursing Sister Doyle, Acting Matron of the Military Hospital, and Sister McCartney left Halifax on the last hospital train going direct to Vancouver.

Mrs. McLarren has returned to the city after a rest in the country.

Miss Bamford, Superintendent of the Children's Hospital, is away on a short holiday.

Miss Woods, Assistant Superintendent of the Children's Hospital, has accepted a position in France to look after sick children. The unit is being sent over by the American Red Cross.

Miss McInnis is in Halifax after a year's nursing in France.

Miss Dorey, late of New York, is on the staff of the Children's Hospital.

The last meeting of the N. S. G. N. A. for the season was held at the Infants' Home. After the business meeting the nurses were shown through the home by the Superintendent, Miss Fraser, and several ladies interested in the home.

Mrs. Morkill of Sherbrooke, Quebec, has been visiting Halifax for the last two months.

The V. A. D.'s from the Halifax branch of the St. John Ambulance Brigade are doing good work. Three are at the Pine Hill Convalescent Home, others at the Kentville Sanitorium and at the Receiving Hospital at the pier to assist the Sisters on the arrival of ships with wounded soldiers to be trans-shipped.

Mrs. Corston is spending a month at Hubbards.

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QUEBEC

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION.

Mrs. N. Clayton is spending her holidays at Westport, N. Y.

Nursing Sister Violet Samson, after holidays in England, has been transferred from No. 3 General (McGill) in France to No. 3 Casualty Clearing Station.

We are pleased to see that Nursing Sister Margaret Christie, who lately went to the front, has been mentioned in despatches.

Nursing Sisters Lillian Carter, of Quebec, and Gladys Sare, of Montreal, came over to Canada on transport duty and returned a few days ago, after their two weeks' leave in this country.

Born, at the Montreal Maternity, July 11th, a daughter to Mr. and Mrs. Creighton (nee Alice Batchelor). Mrs. Creighton is a graduate of Montreal General Hospital, class of 1912.

Miss Briggs, a recent graduate, has taken charge of the diet kitchen in Montreal General Hospital for the summer.

We learn that two of our overseas nurses have joined the matrimonial ranks lately, in the persons of Mrs. Orr and Miss Hobkirk. We have not yet been informed of the names of the lucky husbands.

Nursing Sisters Moores, Erquhart and Knight are at present on leave in Scotland from Laval Unit in France.

Miss Graves has just returned from a two weks' visit to Mrs. (Dr.) Sproule (nee Miss France, class '17) of Applehill, Ont.

Miss J. Webster, Night Superintendent of Montreal General Hospital, has gone to her home in Coburg, Ont., on a month's holiday. Miss Sowles has been taken on the night staff in the meantime.

Miss Holland, of the M. G. H. staff, who was ill in hospital, has been recuperating at her home in Kingston, Ont.

Misses Bullock and MacDougall, who were nurses for three years to the late Sir William MacDonald, were left annuities to provide a very comfortable living. The Alumni join in congratulations.

Born, at the Montreal Maternity on June 26th, to Mr. and Mrs. A. Findlay, twins (daughter and son). Mrs. Findlay was Miss French, class '10, of Montreal General Hospital.

Miss F. Strumm, Assistant Lady Superintendent, is spending a month at her home in Lunenburg, N. S.

Miss Ketchen, class instructor at M. G. H., has recently returned from her summer holidays, spent at Knowlton's Landing, P. Q.

Married—On June 30th, at West Shefford, Que., by Rural Dean Howard, Miss Edith Tait (class '16, M. G. H.) to Dr. McColl Metcafe. Dr. and Mrs. Metcafe are spending the summer at Tadousac, Que.

Married.—Nursing Sister Isabell Strathy (class '14, M. G. H.) to Capt. Alexander McMurtrie, both of Montreal, but married in England in the month of July.

Miss Tedford, who is in charge of the Surgical Operations rooms of M. G. H., is spending a month at the Banner House, Chateauquay Lakes, N. Y.

Miss Given Nichol spent the month of July with her brother, Dr. Nichol, at Metis Beach, P. Q.

Miss Elsie Gruer spent three weeks at her home in Howick, Que., recently.

Miss A. Jamieson has lately returned, after a month's visit to Western Ontario and Detroit, Mich.

Miss K. N. Brock is spending the month of August with her sister at St. Anne de Bellevue.

Miss Lang, who is on the staff of the Delaware Hospital, Wilmington, Del., has been spending a month at her home in Chateauquay, P. Q.

Miss Ethel MacNutt, Superintendent of Dr. Lockhart's Hospital on Bishop Street, and Miss Grace Vipond are at Kennebunk Beach for a month.

Nursing Sisters Mildred Forbes and Laura Holland were offered the positions of Matron and assistant, respectively, in a hospital in England recently, but preferred going to France, where they are on duty at present. The former was assistant to the Matron-in-Chief for some time after returning from Salonica.

Miss M. Hogan has gone to her home in Moncton, N. B., for several weeks' holiday.

At Trinity Church, Ramsgate, England, on May 15th, the marriage took place of Capt. Arthur Brittain Walter, C. A. M. C., late of the Sixth Canadian Field Ambulance, at present of No. 1 Canadian General Hospital, son of Mr. and Mrs. A. Walter, Salt Spring Island, B. C., to Miss Ella Pearl Babbitt, late Nursing Sister C. A. M. C., of No. 3 Canadian General Hospital (McGill), daughter of Mrs. R. T. Babbitt, Gagetown, N.B. The Rev. E. Langly, M.A., officiated at the ceremony. The bride was given away by Major Robson, C. A. M. C., and Capt. H. P. Wright, also of C. A. M. C., acted as best man.

Nursing Sister N. Hancock, who was with No. 1 Casualty Clearing Hospital in France, has lately been to England on two weeks' leave, and, on going back to the same hospital found it had followed the advance of the army up into Belgium. They were visited there by the King and Prince of Wales, and Miss Hancock expresses her opinion of the Royal visitors as charming men.

Misses Mary McLeod, Paget, Sharp and Moss, who lately went to the front in company with several other nurses, had some very exciting experiences. Their voyage, taken on the whole, was a very pleasant one—a very calm sea and delightful weather, except for a day and a half spent in quite a fog. But, within one day of port, "Fritz" torpedoed them. They left the ship in lifeboats, in which they only remained about ten minutes, when they were picked up by the mine sweeper, which they were aboard until tugs came out and took charge of their good old ship; after that they were taken by the patrol to the destroyer and taken to port at a good rate of speed, and, as they say, "were mighty glad to get their feet on ground again." Good old Irish ground at that. The steamer was brought in next day, so, after getting all their belongings,

they went on their way rejoicing—a delightful trip through Ireland and across the Irish Sea to England, spending a week in London before going on duty. Misses McLeod and Paget are on duty in a Canadian Officers' Hospital at Broadstairs, Kent. In peace times it was the Grand Hotel, situated on the cliff overlooking the sea, with a delightful beach. It has accommodations for two hundred and fifty patients.

The question of an alumnae bed and sick benefit for graduate nurses of Montreal General Hospital, brought up at the annual meeting of M. G. H. A. A., has been settled by hospital and medical boards, as far as the hospital and treatment there is concerned.

All nurses who have paid up alumnae and sick benefit fees are entitled to a room in the private wards, free of charge, including all treatment in the way of X-rays, anaesthetics, operating room fees, etc., etc. The first room is allowed free by the hospital, but, when more than one room is occupied, the Sick Nurses' Benefit Fund pays $1.50 a day each for extra rooms.

It will be decided at our next Alumnae meeting in September what allowance will be given by the Sick Nurses' Benefit Fund to all members not treated at M. G. H., but taken care of in other hospitals or homes outside of the city, or recuperating in mountains after severe illness, etc., etc.

To be a member of this Benefit Fund is to have all Alumnae fees paid up in full, with $5.00 initiation fee, and then $1.00 yearly to keep up membership, making an annual fee of $2.00.

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ONTARIO

At the twelfth annual meeting of the Central Registry of Graduate Nurses, Toronto, held on June 6, 1917, at the Clubhouse, 295 Sherbourne Street, the report of the Registrar showed a most successful year's work. The calls for the year totalled 5565, 3035 being hospital calls. There was an increase over 1916 of 870 calls.

The number of new members enrolled was 159, and 20 rejoined.

The Central Registry has given 204 nurses to engage in military work.

During the year the demand for nurses, at times, was greater than the supply.

After the business meeting a social hour was spent, a good orchestra adding much to the pleasure of the evening.

The tea table was bright with pink carnations and roses, and the birthday cake, glistening with its twelve candles, was much admired.

At the July meeting of the Central Registry Committee of Graduate Nurses, Toronto, applications were received for the position of Assistant Registrar, made vacant by the resignation of Miss Connor to take up Public Health Nursing. After due consideration, the application of Miss

Jean C. Wardell, R.N., was accepted. Miss Wardell is a graduate of the Presbyterian Hospital, Philadelphia. She has done private nursing in Toronto for a number of years, and for the past two summers has acted as Assistant Registrar during the holiday season. Since the resignation of Miss Connor in April last, Miss Wardell has filled her position most satisfactorily, and the Central Registry Committee feel that in appointing Miss Wardell permanently as Assistant Registrar they have secured the services of one who is in every respect capable of filling that office.

"The efficiency of the Canadian Nursing service is not surpassed anywhere," declared Surgeon-General Carleton Jones in his address before a large assemblage at the nurses' graduation exercises at St. Luke's Hospital, Ottawa, recently, when nine young ladies, who have completed their three years' training, were presented with their diplomas and medals by Her Excellency the Duchess of Devonshire. Miss Evelyn A. Smith, of Glasgow, Scotland, who led her class with 91 per cent. in all subjects, was given a special prize of a volume, "History of Nursing," by Miss A. Nutting, donated by the lecturing staff. The other young ladies who have completed the course and entered on their profession are Miss Isabelle Louise McNaughton, of Lancaster, Ont.; Miss Augusta Piet, Ottawa; Miss Mina R. Marcellus, of Dunbar, Ont.; Miss Ruby Alice Murphy, of Ottawa; Miss Ethel Dorothy Sheridan, of Brockville, Ont.; Miss Sarah Gladys Spratt, of Ridgemont, Ont.; Miss Laura Pearl Spratt, of Gloucester, Ont., and Miss Annie Beatrice Wiseman, of Montreal.

Solemnly, this class took the Florence Nightingale pledge, in which they were led by Dr. H. B. Small.

Included in the vice-regal party were the Governor-General, who delivered a congratulatory address to the graduating class; the Duchess of Devonshire, Lady Maud Cavendish, and Captain Bulkeley-Johnson.

Praises Overseas Nurses.

Surgeon-General Jones was enthusiastic in his praise of the *work of the Canadian nurses overseas,* of whom there are nearly two thousand. "Out of that large number," he said, "there have only been three deaths, which proves what a careful selection was made." This small percentage of deaths is not because the nurses have not faced danger. There are nurses right on the firing line in the sound of guns and in sight of shells.

"As far as the Canadian medical service is concerned, the battlefield extends from Vancouver to Vimy Ridge," said the General. With the progress of the war, the natural swing of the pendulum will bring the wounded and convalescent men back to Canada for treatment, and it is hoped that the nurses in Canada, as always, will offer their services as willingly here as abroad. General Jones also referred to the last time that he met the Duke and Duchess in hospital quarters was at Buxton, where Their Excellencies had given their residence for a Canadian hos-

pital, and which was formally opened by the Duchess shortly after she knew of her husband's Canadian appointment.

Need More Money.

Sir Louis Davies, who presided, stated that one of the chief objects of St. Luke's Hospital was to have an equipment equal to any similar institution in Canada, and he expressed the hope that with the new wing this might be attained in the near future. With 2265 patients during the past year, there was a remarkably small death rate of 2.75 per cent., and this average had been maintained for several years now. Nine members of St. Luke's medical staff and seventeen graduate nurses have been on active service.

"Consequent on war conditions, this institution has suffered financially," said Sir Louis, who made a strong appeal for funds.

Dr. R. W. Powell also gave a brief address, and at the conclusion of the programme little Miss Betty Henderson presented the Duchess with a bouquet of rosebuds.

The nursing staff were later entertained at tea.

ALUMNAE ASSOCIATION OF GUELPH GENERAL HOSPITAL.

The regular monthly meeting of the Alumnae Association of the Guelph General Hospital was held on Tuesday evening, July 10th. The following officers were elected: Honorary President, Miss Forgie; President, Miss Frew; Vice-President, Miss Ferguson; Secretary, Miss E. Richardson; Treasurer, Miss Watrous; "Canadian Nurse" Correspondent, Miss E. Ziegler; Sick Visiting Committee, Miss Millar, Miss Gordon and Miss Strong.

Two new members were added, Miss Simpson and Miss Tolton. This brings our membership list up to forty-four.

Miss M. Denman, of Palmerston, a graduate of the year 1915, was quietly married to Mr. A. Gallaher on Wednesday, June 13th, 1917. The happy couple left by motor for points south, and on their return will reside near Palmerston.

* * * *

BRITISH COLUMBIA

Very many expressions of sympathy have been given to Miss Jessie Hart on the death of her mother recently. Miss Hart is a charter member of the G. N. A. of B. C.

Mrs. R. Bryce Brown, President of the New Westminster G. N. A. and First Vice-President of the G. N. A. of B. C., has left British Columbia to take the position of Matron of Military Convalescent Home, Edmonton, Albert. Mrs. Brown was President of the G. N. A. of B. C. for four years, and her loss will be very much felt in Association work in the Province.

Miss McCue, operating room supervisor of the Royal Columbian Hospital, New Westminster, has returned from her holidays.

Miss Ruth Judge has returned from her holidays in Sechelt.

Miss Wardell, Miss Hines and Miss Walmsley, all recent graduates of the Royal Columbian Hospital, New Westminster, are doing private nursing.

The Victoria Graduate Nurses' Association held its annual garden party on June 16th at Cloverdale. It was a most successful affair. A concert in the evening added much to the pleasure of the guests. Half the proceeds, which amounted to $182.61, were given to the Canadian Red Cross society through the Cloverdale branch.

A most interesting function took place lately at the Provincial Royal Jubilee Hospital, Victoria, when the new building for tubercular patients was formally opened. This, a ward planned by Miss Mackenzie, is of most convenient design, labor being minimized by the arrangements of wards and service rooms. There are two main wards, each containing fourteen beds, one of ten, and two with two beds each. The McBride ward has been all done over, and in it is treated the soldiers. The Daughters of Pity have newly furnished the Children's ward, which has been completely done over. The following nurses recently graduated from the Jubilee Hospital, Victoria: Misses Beatrice Bradshaw, Kathleen Cockrell, Edith Dowsett, Ellen Holdcroft, Eleanor Dale, Edna Graves, Ruth Clinton, Edith Hall, and Muriel Anderson.

At the graduation ceremonies, Lieutenant-Governor Barnard spoke a few words to the class. He wished them every success in their profession. He paid a tribute to the Hospital Board, the Superintendent of the Training School, and to the nursing staff generally, as to the excellent work they did in the hospital.

Miss Cockrell obtained the prize for the highest marks in her examinations, presented by Mr. Duncan Campbell.

Miss Boyce, of the Junior Class, obtained the prize of $25.00 given by the Victoria Graduate Nurses' Association to the most proficient junior nurse in the schools for nursing at the Royal Jubilee and St. Joseph's Hospitals.

Laundry soap that applies bluing while it is being used to lather clothes, has been invented by an Englishman.

"Time is
Too slow for those who wait,
Too swift for those who fear,
Too long for those who grieve,
Too short for those who rejoice;
But for those who Love,
Time is Eternity."

—H. Van Dyke.

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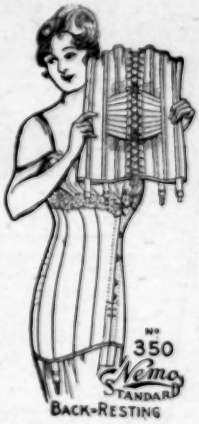

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Nurse's Street Accident and Compensation

An interesting case affecting a nurse recently arose under the Workmen's Compensation Act. There have been conflicting decisions on the question whether those meeting with street accidents are entitled to the benefits of the statute. Such a risk is, of course, one to which any pedestrian is liable, and cannot be said to specially "arise out" of any employment so as to entitle the employee to compensation. There have been cases, however, in which the workman was found entitled to compensation in respect of street accidents on the theory that by his employment he was more especially exposed to these dangers than other people were. Thus a commercial traveller going about a town soliciting orders and run over by a vehicle in the course of his rounds has been held entitled to an award. On the other hand, a solicitor's clerk cycling, as he was accustomed to do, from his employer's office to attend Quarter Sessions, and sustaining injury through collision with a motor-car, was found not entitled to compensation; and similarly a ship's captain who had been ashore seeing his owners, and in the course of returning to his ship slipped on a piece of banana skin and was badly injured in consequence, was also held to have no claim under the Act, the reason being that in both these cases the resulting injuries were not attributable to the employment at all.

But now the case of *Ince* v. *Reigate Education Committee*, 141 L.T.J. 251, has brought things to a very fine point indeed. The applicant was a

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Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone: Columbus 7780 7781.

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NURSING BOOKS

Technical Books—If there is any book on nursing you want, write us and we will try to get it for you—The Canadian Nurse, 302 Fifteenth Avenue, East Burnaby, B. C.

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professional nurse engaged by the Education Committee as visiting nurse for their district, which was a residential rural locality. Her duties were to visit children as directed by the doctor, and to inspect schools. She was told to ride a bicycle, and the respondents hired one for her. She had to travel six to ten miles every day, and the number of cases that she visited averaged 120 per month. On the occasion in question this nurse left a house where she had been visiting a child, and was bicycling along the road when, owing to her cycle skidding when she was passing a cart, she was knocked against the vehicle and sustained serious injuries. Did this accident arise out of the applicant's employment? The County Court Judge decided that the accident did so arise, and that on two grounds—first, that the employment compelled the applicant to do her work on a bicycle; and, secondly, that the risk in her case was greater owing to the nature of her employment than in the case of an ordinary cyclist. This decision, however, has been reversed by the Court of Appeal on the grounds that a person cycling on an ordinary road was doing what was safe, that the risk of the road or street did not entitle the pedestrian to compensation, and a bicyclist could not be in a better position; also that riding a bicycle as the applicant had to do did not expose her to any greater risk than ordinary cyclists ran, and that therefore she was not entitled to any statutory payment.—*The Hospital.*

"Doctor," said an out-patient, "I shall have to give up taking the medicine, though it has done me a power of good."

"Why?"

"Well, you see, the folk who live in the room under mine say they won't stand it any longer."

"But it has nothing to do with them."

"You forget, Doctor, I think. Don't you remember you told me to take it two nights running and skip the third? And I've followed your instructions exactly. The folks underneath grumbled a bit about the running, but it was the skipping that got their dander up."—*Strand.*

It is easy in the world to live after the world's opinion. It is easy in solitude to live after our own; but the great man is he who in the midst of the crowd keeps with perfect sweetness the independence of solitude. —*Emerson.*

"Of all forms of productive capacity there is none more vital, indispensable and steadying than the application of human industry to the cultivation of the soil. And if there is one point at which order seems beginning to emerge from the present confusion of our political and social aims it is precisely with regard to this fundamental necessity of making a better use of the greatest of all natural resources."—*Viscount Milner.*

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The Dressing of Burns with Paraffin Wax

Sir Arthur May's prompt application of the remedy of paraffin wax to the requirements of the Navy, says *The Lancet*, has drawn fresh attention to the treatment of burns by a proprietary preparation called ambrine by its inventor, Dr. Barthe de Sandfort. As, however, the preparation is a secret one controlled by a company in Paris, the treatment is not as readily accessible as some of our correspondents desire. We can refer these to the experience of Lieutenant-Colonel A. J. Hull, R.A.M.C., who stated in the *British Medical Journal* of January 13th that the results obtained by a mixture of home manufacture in a military hospital have surpassed those obtained by the use of ambrine or any other preparation. He gives the following formula for its preparation:—

Resorcin	1	per cent.
Eucalyptus oil	2	"
Olive oil	5	"
Soft paraffin	25	"
Hard paraffin	67	"

The hard paraffin is first melted and the soft paraffin and olive oil then stirred in. The resorcin is next added dissolved in half its weight of absolute alcohol, and finally the eucalyptus oil when the wax has cooled to about 55° C. If necessary, the resorcin may be replaced by a quarter of its weight of *b*-naphthol. Colonel Hull adds that the application of this No. 7 paraffin, as it is called, to ulceration following frost-bite has been as successful as in the case of burns. Other uses will doubtless suggest themselves for a soft impervious casing to wounds which can yet be readily peeled off without pain or disturbance to the delicate processes of repair.—*British Journal of Nursing.*

SHE KNEW BETTER

Mickey Flanigan came home one day sniffling.

"Ye got licked!" cried his mother with conviction.

"Naw, I didn't neither, maw," Micky retorted. "But the doctor was at our school to-day, tryin' to find out if there was anything the matter with any of us, an' he says I got ad'noids."

"Ad'noids? What's them?" Mrs. Flanigan demanded.

"They're things in your head, what has to be took out," said Micky in a doleful tone.

"He's a liar!" Mrs. Flanigan cried, hotly, "an' it's me that isn't afraid to tell 'im so. I fine-comb your head iv'ry Sattady night, an' it's niver a ad'noid kin I find!"

Politeness appears to have been invented to enable people who would naturally fall out, to live together in peace.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

President, Miss A. S. Kinder, Hospital for Sick Children; Vice-President, Miss Didsbury; Secretary, Miss Jean C. Wardell, 290½ Dundas Street; Treasurer, Mrs. J. W. Wigham, 1299 Bloor Street West.

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Sick Visitor—Miss Nash.

"Canadian Nurse" Representative—Miss J. L. Edgar, Hospital for Sick Children.

Board of Directors—Misses Rennie, Nash, Lowther, Millan, Limcar, Wilson, Keith, and Edgar.

Regular meetings, first Tuesday of every second month.

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Central Registry—Miss Wice, Miss King, Mrs. Gilroy.

Representative "Canadian Nurse," Miss Creighton, 363 Grace Street.

Programme Committee—Miss Cooper, Miss Cook, Mrs. Bell.

Visiting Committee—Mrs. Brereton, Miss Harrison, Miss McKibbon.

Board of Directors—Mrs. Yorke, Mrs. Huston, Miss MacDermid, Miss Annan, Miss Fell, Mrs. Shaw, Miss Beckett.

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Alumnae meets at the Hospital First Wednesday of every alternate month.

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Secretary-Treasurer Sick Benefit Association—Miss J. O'Connor, 853 Bathurst St.

Representative "The Canadian Nurse"—Miss M. I. Foy, 163 Concord Ave.

Regular Meeting—Second Monday every two months.

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The Canadian Nurse Representative—Miss E. L. Taylor, Strathcona Apts.
Regular Meeting—First Tuesday, 3.30 p. m.

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Representative to Canadian Nurse, Miss M. Greer.
Representative on Central Registry Committee, Misses Wixon and Cunningham.
Conveners of Committees—Social Miss Etta McPherson; Programme: Miss Rowan; Press and Publication: Miss L. Smith; Sick: Miss Goldner.
Regular Meeting—Second Tuesday, 8 p. m.

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Conveners of Committees—Sick Visiting, Miss Honey; Programme, Miss E. Scott.
Representatives on Central Registry Committee—Misses Piggott and Rork.
Representative "The Canadian Nurse"—Miss J. G. McNeill.
Regular Meeting—First Thursday, 8 p. m.

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Social—Miss Starr, 753 Wolseley Avenue.
Sick Visiting—Mrs. Montgomery, 196 Kennedy Street.
Red Cross—Mrs. Hall, 237 Morley Avenue.
Regular Monthly Meeting, second Wednesday at 3 p. m.

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Representative to "The Canadian Nurse," Miss Ada Chisholm.
Regular Meeting—First Monday, 4 p. m.

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Programme Convener—Miss A. E. Wells, 27 Balmuto Street.

Press Representative—Miss C. I. Bobbette, Toronto Free Hospital.

Regular Meeting—Second Friday, every second month.

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Regular Monthly Meeting—Third Wednesday, 3.30 p. m.

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